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ABSTRACT

This report describes the nation-wide evaluation of the Child and Family Resource Program (CFRP), a Head Start-affiliated program designed to elicit community and family involvement in fostering optimum development of preschool children and their families. Evaluations of the planning, initiation, and implementation phases of the program at each of its 11 demonstration sites were conducted through field interviews. These evaluations focused on goals, objectives and program activities (i.e., recruitment and training of staff, recruitment of families, development of a needs assessment plan for families, and the development of community agency linkages). Case studies documenting in detail the 11 individual CFRP programs are presented in separate reports. Features of each site are summarized in table form in this report, and strengths and weaknesses are identified. Other tables summarize the following data from all sites: (1) demographic characteristics and resource needs of each CFRP family, (2) background and duties of all CFRP staff members, and (3) details of CRFP quarterly expenditures. Recommendations for improving future demonstration programs of this type are included. (BRT)

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FINAL REPORT
On The
DESIGN AND IMPLEMENTATION OF A FORMATIVE EVALUATION STUDY FOR THE CHILD AND FAMILY RESOURCE PROGRAM

Under Contract No. HEW-OS-74-274

Submitted To:

OFFICE OF CHILD DEVELOPMENT
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Submitted By:

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June 30, 1975

The work reported herein was performed pursuant to a contract with the United States Department of Health, Education, and Welfare, Office of Child Development. The statements, findings, recommendations, and other data in this report are solely those of the Contractor and do not necessarily reflect the views of the Office of Child Development.

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Project field staff, technical and support staff were called upon to work long hours and meet multiple reporting responsibilities and deadlines. They did so in an enthusiastic and professional manner, thus making this final report a reality.

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They then tried to plan their programs so that they would be consistent with these objectives. Since the objectives left quite a bit of room for local variation or innovation, some of the programs, in addition to addressing the national objectives, tried to offer a unique aspect to their proposal in the hope that this might increase their chances of being selected as one of the demonstration projects.

In discussing their first reactions to the CFRP guidelines, most of the people involved in planning felt that CFRP offered their Head Start Program a chance to work with entire families, rather than concentrating only on children enrolled in Head Start. This seemed to be the biggest attraction of the CFRP concept (besides the extra dollars). The next most attractive parts of CFRP were that the program would allow them to set up a coordinated system for the delivery of services to eligible families and would allow them to work with children from birth through eight years of age. The meaning of CFRP to the planners was not an expansion of services to children, but an expansion of services to the total family, even if these services did not directly affect the children.

Table 1 shows the distribution of goals and objectives that were stated, during interviews with program planners, as being important during the CFRP planning phase.

TABLE 1
GOALS AND OBJECTIVES CITED AS BEING IMPORTANT DURING PLANNING PHASE

Categories of Goals and Objectives	# of CFRPs
• To work with whole families	9
• Set up coordinated system for delivery of services	9
• To expand health care services	4
• Work with children from birth to age 8	4
• Expand linkages with community agencies	3
• Expand Head Start program	3
• To enhance the total family as a child development system	3
• To identify gaps in services	2
• To serve low income families	2
• To assess special needs of enrolled families and tailor services to meet needs	2
• To help families become aware of opportunities and help them use community resources	2
• To focus on all family needs	2
• To work with families for full year, rather than just 10 months	1
• To have an effect on the school system	1
• To identify transportation needs	1
• To overcome reluctance of some families to use certain community agencies	1
• To assist families to become better community resources	1
• To identify families not being served	1
• To get agencies to recognize the needs of the poor	1
• To build into the program a therapeutic model that is psychologically oriented	1
• To change the system whereby families are always returning to agencies for incompleted services	1
• To develop a cyclical system whereby assessment provides service feedback and change	1
• To follow children into school	1
• To focus on systematic approach to working with families	1
• To develop family supportive services	1
• To provide for on-going training of staff, both formal and informal	1
• To help families utilize their own strengths, through Parent Training Sessions	1
• To provide for continued evaluation of CFRP	1
• To create independent families that can make major decisions on their own	1
• To provide for infant care	1
• To provide recreation facilities for children	1
• To provide social services	1
• To build on the strength of the family	1
• To change the attitude of the family toward education	1
• To provide comprehensive services to families	1

2. Program Activities

Some of the more important program acitivites which took place during Planning and Startup Phases were:

- recruitment, hiring, and training of staff;
- recruitment of families;
- development of a needs assessment plan; and
- development of community agency linkages.

In general, the CFRP planning activities greatly facilitated the start-up of the program. Most of the activities that were planned and discussed in the proposal were actually carried out once the grants were signed. Although the 11 grantees all tried to plan their programs in accordance with the guidelines and objectives developed by the OCD national office, the programs that they proposed varied quite a bit. One factor here was the grantees' feeling that the guidelines and objectives were confusing; they had to spend some time trying to obtain a clear understanding of them before they could develop a specific proposal. Given this, it is to the grantees' credit that the plans that they did develop could be followed as closely as they were during the Start-Up Phase.

The activities that took place during the Planning Phase were pretty much structured by the requirements set out by OCD. The interested agencies were first required to prepare responses to a Questionnaire/Prospectus developed by OCD. These were due at the beginning of March 1973, and were used by OCD to select two candidates from each federal regional office and OCD's Indian/Migrant Program Division. The qualifying candidates then attended a meeting towards the middle of March in Denver, Colorado, where they met with OCD headquarters and regional staff members in order to learn more about CFRP. The candidates then began to develop specific proposals from which the final selection was to be made. These proposals were required to be submitted to OCD by the beginning of May 1973.

Given this structure, the programs spent the Planning Phase trying to interpret and understand the program guidelines and objectives, trying to obtain written commitments from various community agencies concerning linkages, and developing and writing their plan for implementing a CFRP in the respective communities. For the most part, the primary responsibility for these activities was undertaken by the Head Start Director or the Education Coordinator of the delegate agency. In general, only a few other staff members of the Head Start program or the delegate agency were involved. These were generally the director's or coordinator's assistant or some component head. (There were, of course, some programs where these activities were accomplished by a larger group of agency personnel; but even in these cases, the one person with ultimate responsibility was usually the Head Start Director or Education Coordinator of the delegate agency.)

In addition to the above, the programs involved personnel from the community agencies with whom they had previously worked in a variety of local projects. This usually consisted of discussing the plan with the agency representatives and taking their suggestions into consideration. The members of the parent policy committees were also brought into the proposal development picture. They generally had to approve the proposed plans for CFRP, but in some instances made important contributions to the plan.

Compared to the Planning Phase, which was pretty much structured by the OCD national office as to what had to be accomplished (preparation of prospectus/questionnaire and proposal) and the time in which to accomplish it, the Start-Up Phase was left to the discretion of the programs, with the only guidance being their plans as written in their proposals and the information received at the Salem Conference in late July.

Given this, the Start-Up Phase differed considerably across programs. This fact can be easily illustrated by the lengths of time the different programs devoted to the Start-Up Phase. The dates of the enrollment of the first family and the lengths of the Start-Up Phase are shown in Table 2.

To begin with, the Start-Up Phase began at different times. Sometime toward the end of May, unofficial word from OCD filtered down to the programs that they were selected to receive the grants. Some of the programs began work immediately after receiving this news. Others waited until after they received official notice in a letter from the OCD Project Director, dated June 28. Even with this, a number of programs refrained from making certain decisions until after the Salem Conference at the end of July.

The end of the Start-Up Phase, defined as the date of the enrollment of the first family, was even more disparate. One program enrolled their first family on June 2 (even before the official award of the grant), while another did not enroll their first family until December 13. Thus, the length of the Start-Up Phase varied from three days to 6½ months, with a median length of time of three months.

The activities that took place during the Start-Up Phase actually consisted of implementation of the plan in the proposal. In addition, some further planning was done where the proposal was insufficient. The major activities during start-up were, therefore, hiring and training of staff, recruitment of families, and strengthening of the community agency linkages. The work was accomplished, generally, by the personnel that wrote the proposal along with the new staff members as they were hired and brought on board.

TABLE 2
LENGTH OF START-UP PHASE

Site	Date of Enrollment of First Family	Approximate Length of Start-Up*
New Haven	October 1	3 months
Poughkeepsie	November 15	4 1/2 months
Pottsville	June 2	3 days
St. Petersburg	August 20	2 1/2 months
Jackson	December 15	6 1/2 months
Oklahoma City	August 6	1 month
Gasting	September 12	3 months
Bismarck	November 20	4 1/2 months
Las Vegas	September 15	2 1/2 months
Salem	October 1	3 months
Modesto	September 16	2 1/2 months

*Length is not exact since exact date that work began was difficult to define precisely.

In trying to analyze the Planning and Startup Phases, four activities were selected that seemed to have important implications for the total CFRP. These activities are recruitment, hiring, and training of staff; recruitment of families; needs assessment; and community agency linkages. In analyzing these activities, a list of variables were developed for each and the ways each program handled each variable were analyzed. The results of this analysis are shown on Tables 3, 4, 5, and 6. The four activities are discussed separately below. (For details of these activities at the specific programs, the case studies should be consulted.)

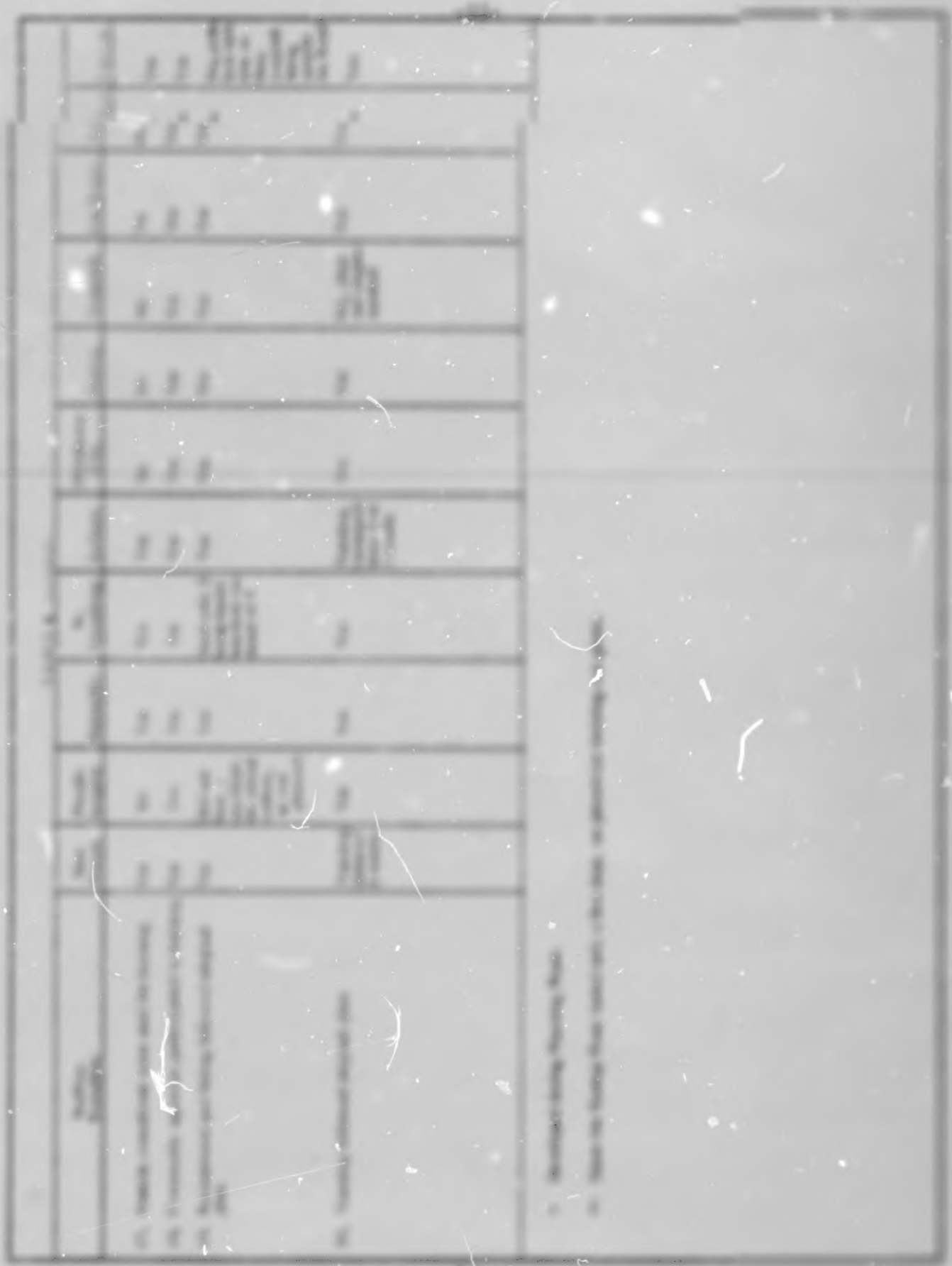
a. Recruitment, Hiring, and Training of CFRP Staff

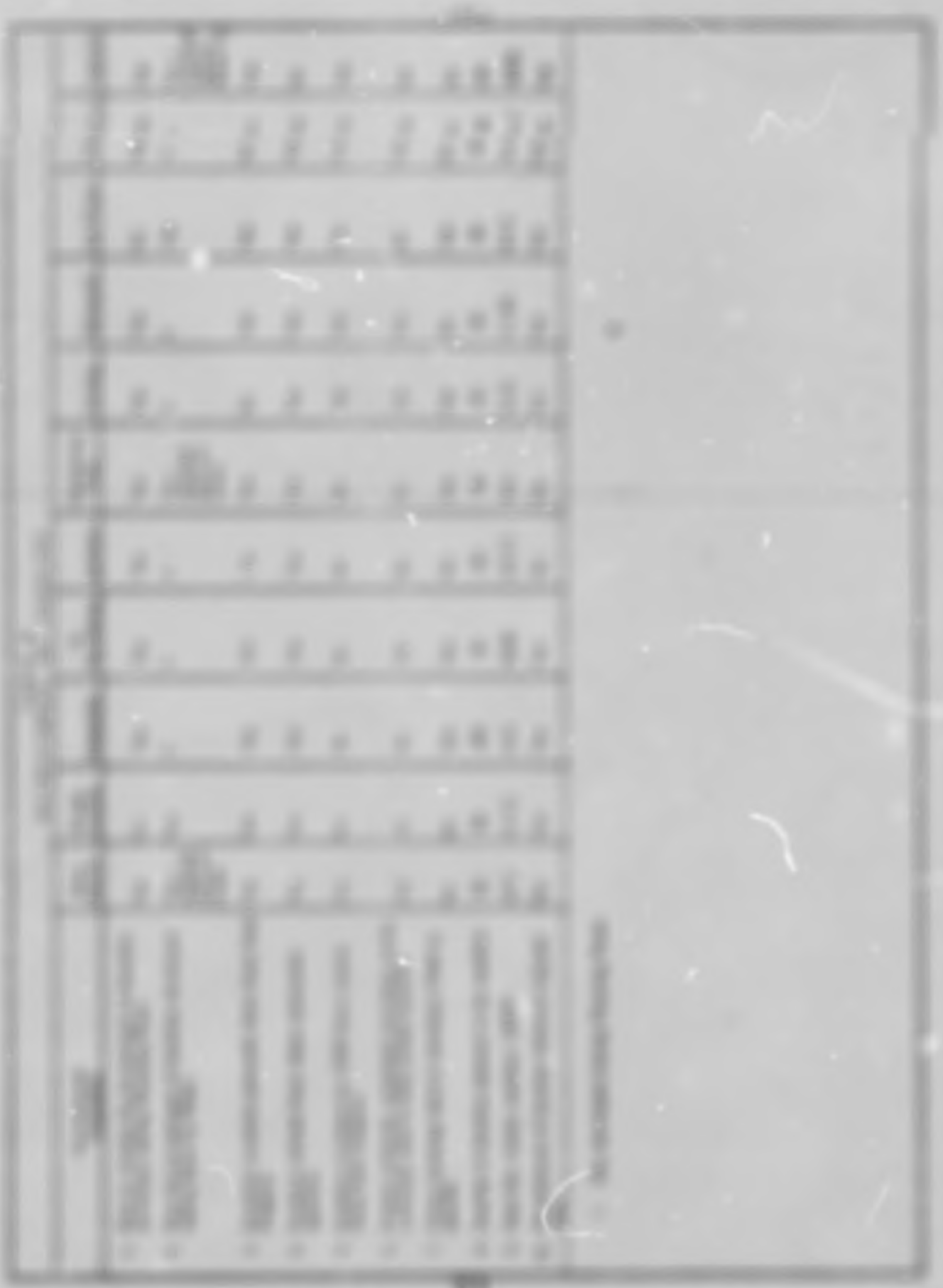
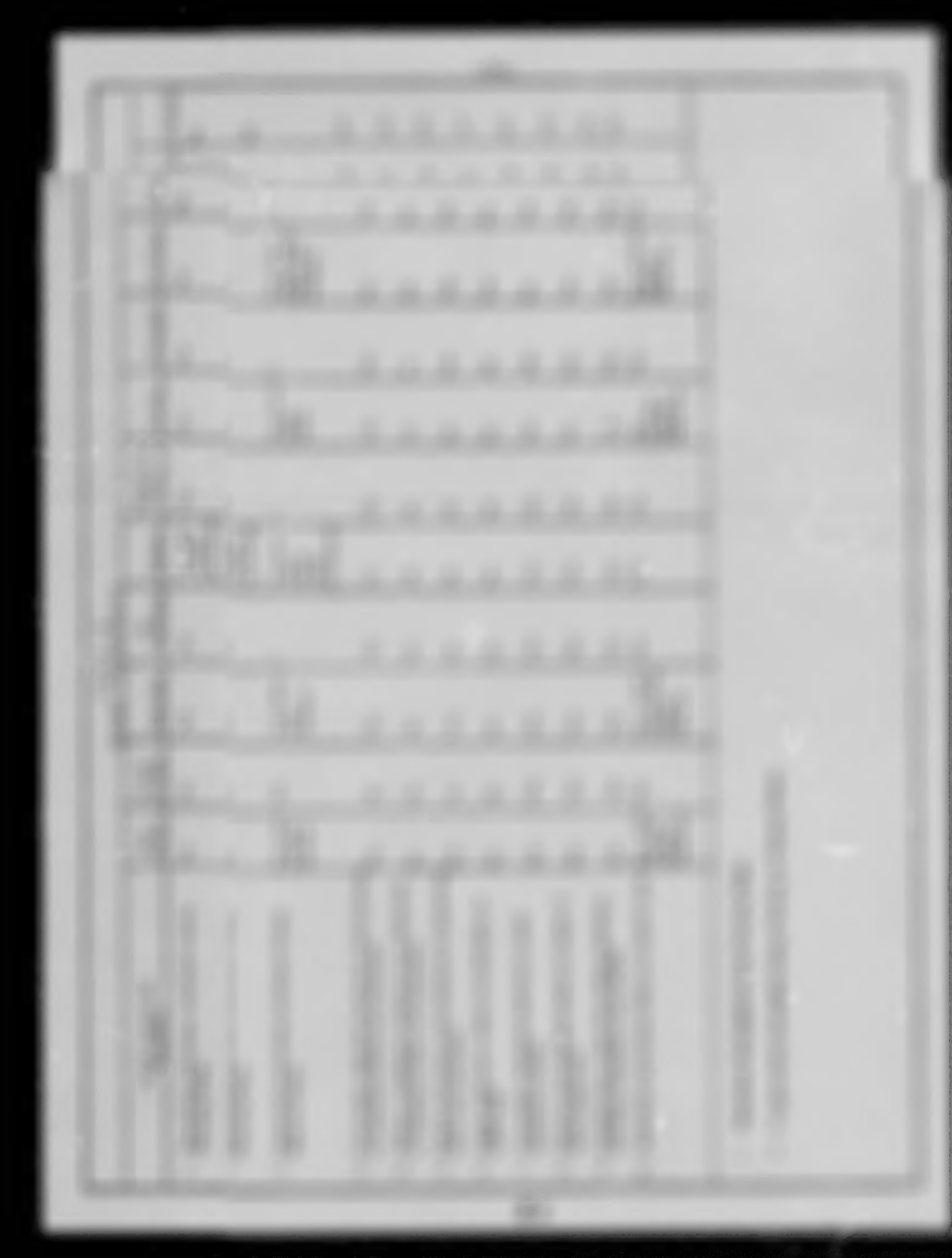
Table 3 shows how each of the 11 CFRP grantees handled the staffing of their program. The staffing patterns and general job roles were developed by all 11 programs during the Planning Phase. However, only in four instances did this include specific job descriptions and job requirements. The remaining seven programs developed these during the Start-Up Phase. Six of the grantees hired the majority of their staff from within the Head Start program while the remaining five hired them from outside the program. For the most part, the programs that hired from within the existing program said that they wanted to hire staff who were familiar with the community and with the community agencies. The programs that hired mostly from outside the existing program said they were looking for people with particular skills and professional experience. Seven of the 11 programs said that parents participated in the hiring process, while in all cases the recruitment and hiring followed the regular procedures of the grantee or delegate agency.

TABLE 8

RECRUITMENT, HIRING, AND TRAINING OF CORE STAFF

Staffing and Training Variables	Mem Phoenix	Pineglen-Evergreen	Pompano	St. Petersburg	Jackson	Oklahoma City	Corpus	Brunswick	Los Angeles	Tulsa	Charleston
1. Staffing pattern and personal job roles developed during Planning Phase	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Specific job descriptions developed during Planning Phase	Yes	No	Yes	Yes	No	No	Yes	No	No	No	No
3. Specific job descriptions developed during Start-Up Phase	*	Yes	*	*	Yes	Yes	*	Yes	Yes	Yes	Yes
4. Staff primarily hired from within Head Start program	Yes	No	Yes	Yes	No	Yes	Yes	No	No	Yes	No
5. Staff primarily hired from outside Head Start program	No	Yes	No	No	Yes	No	No	Yes	Yes	No	Yes
6. Parents participated in the hiring process	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	No	Yes
7. Staff vacancies were filled over a period of time	No	Yes	No	No	No	No	No	No	Yes	No	Yes
8. Staff vacancies were all filled at the same time	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
9. Recruitment and hiring followed regular procedures of grantee or delegate agency	Yes	Yes	No exceptions noted. Staff hired from within received CDGP training	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. Specific pre-service training plan developed during Planning Phase	Yes	No	Yes	Yes	No	No	No	No	No	No	No
11. Specific pre-service training plan developed during Start-Up Phase	*	Yes	*	*	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12. Pre-service training for staff included classroom-type instruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13. Pre-service training for staff included field work in the community	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
14. Length of formal pre-service training	3 months	3 months	n/a	3 months	3 months	4 1/2 days	4 days	5 days	3 months	3 months	3 1/2 weeks
15. Specific plan for in-service training development during Planning Phase	Yes	No	No	No, not considered	No	No	No	No	No	No	No
16. Specific plan for in-service training development during Start-Up Phase	*	No	No	No	Yes	Yes	No	No	No	Yes	No





done more planning for their early childhood development component. Three programs stated that they could have used some better interpretation of objectives and guidelines from the OCD national office. The other weaknesses listed were expressed by only one or two CFRPs.

c. Start-Up Strengths

Table 9 shows the strengths of the Startup Phase as stated by program staff members who were involved during that time. The most frequently cited strengths or successes were linkages with community agencies and staff recruitment and hiring. Eight CFRPs said that the linkages they developed with the community agencies were very successful while seven of the 11 CFRPs were very satisfied with their staff recruitment and hiring results. Another five programs said their staff training efforts were a strength of the Startup Phase and four said their family recruitment procedures were very successful. The other strengths that are cited in the table were expressed by only one or two of the programs.

d. Start-Up Weaknesses

Table 10 shows the weaknesses of the Startup Phase that were expressed by staff members who were involved at that time. As can be seen in the table, the weaknesses expressed for the Startup Phase were more variable than the weaknesses and strengths cited for the Planning Phase and the strengths cited for the Startup Phase. That is, the responses could not be grouped as well. For example, the two most frequently expressed weaknesses were cited by only three CFRPs each. These weaknesses were:

- Would have liked to have a staff more experienced in child development or social services; and
- Staff training could have been improved.

An additional four weaknesses were cited by two programs each, while the remaining weaknesses were expressed only by single programs. Most of these weaknesses dealt with staffing problems.

TABLE 9
STRENGTHS OF THE START-UP PHASE

Strengths	# of CFRPs	Strengths	# of CFRPs
• Linkages with community agencies	8	• Formation of Task Force consisting of directors of community agencies	1
• Staff recruitment and hiring	7	• Vocational Education program for parents	1
• Staff training	5	• Staff had clear understanding of their roles	1
• Recruitment of families	4	• Enrollment of families was delayed to permit recruitment, hiring, and training of staff	1
• Infant/Toddler program	2	• Regional office support	1
• Administrative procedures	2		
• Cooperation and teamwork among staff	2		
• Location of CFRP office	2		
• Parents were involved in making decisions about staff hiring	1		

TABLE 10
WEAKNESSES OF THE START-UP PHASE

Weaknesses	# of CFRPs	Weaknesses	# of CFRPs
• Would have liked to have staff more experienced in child development or social services	3	• Relationship between CFRP and Head Start was not fully explained to the staff	1
• Staff training could have been improved	3	• There were conflicts with Head Start parents who were not to be included in CFRP	1
• Parents should be more active in the program	2	• Supervisory staff was too busy with other programs to provide direction	1
• Enrollment of families should have been further delayed	2	• CFRP began supplanting Head Start budget	1
• Development of Needs Assessment Forms was a problem	2	• CFRP coordinator should have been given more authority	1
• Programs did not know what records to keep since evaluation criteria were not specified by OCD	2	• CFRP staff were not given complete job descriptions and their duties were always changing	1
• Should have had a permanent center or site	1	• Should have hired the CFRP staff sooner	1
• Didn't have continuity of staff at CAP or Regional Office to provide assistance	1	• Would not hire part-time people again	1
• Would not have hired all new people -- would hire from within Head Start program if organizing similar program in future	1	• Would never have different CFRP and Head Start directors -- there should be one person	1
• Would be more sensitive to fears of other agencies about CFRP taking over	1	• Would involve Head Start more closely	1
• Problem in placing the Resource Agency person in the school system	1	• Medical Health Component was weak	1
• Need longer orientation period for families to feel comfortable with CFRP concept	1	• Lack of a facility for an Infant/Toddler program	1
• Would have done Head Start and CFRP recruiting at the same time	1	• Could have used more technical assistance from OCD national office	1
• Enrolled too many families at the beginning	1	• Project Director should have been hired before rest of staff	1
• Staffing pattern could have been improved	1		

D. Analysis of Implementation Phase Data

The results of the analysis of the implementation process are presented below. The discussion is organized around the following factors which were identified as being central to the CFRP process.

- Staff
- Training
- Recruitment of families
- Needs Assessment
- Coordination of Agencies
- Services and Activities

1. Staff

Table 11 presents data on the 11 CFRP staffs. At eight programs the CFRP Director is also the Head Start Director. In two additional sites, the Head Start Director supervises the CFRP Director. At only one site are the two positions administratively separate from each other. To further illustrate the close association between the two programs, the CFRP component coordinators in ten of the eleven programs also have responsibilities in the Head Start program. Hence, the two programs (CFRP and Head Start) are closely intertwined. Because of its years of service to the community, the CFRP staff members feel that Head Start gave legitimacy to CFRP. The positive feelings that the communities have for Head Start were generalized to CFRP due to their partially common staffs.

An important decision that the program managers were required to make, and which reflected the philosophy of the local programs, was the type of individuals selected to work directly with the enrolled families. These staff members are called, in most programs, home visitors or family advocates. Three programs hired professionals who were trained in social work or in a similar field. Seven programs hired non-professionals or para-professionals for this staff position. These non-professionals or para-professionals ranged from people who lived in the target area and were familiar with its problems but had no relevant training or experience to people who had some college training. One program hired a mix of professionals and non-professionals. Since the staff position of home visitor or family advocate is the key position with which families interact, the type of person who fills this position is related to the type of service the program has chosen to provide. The programs with professionally trained home visitors serve families differently than programs with non-professional home visitors. For example, programs using non-professional home visitors tend to serve the basic health, education,

TABLE 11

CFRP STAFFING PROCESSES

STAFFING VARIABLES	New Haven	Poughkeepsie	Pottsville	St. Petersburg	Jackson	Oklahoma City	Gering	Bismarck	Las Vegas	Salem	Modesto
1. CFRP Director (or equivalent)is also the Head Start Director.	NO but is supervised by Head Start Dir.	YES	YES	NO but is supervised by Head Start Dir.	YES	YES	YES	YES	YES	YES	NO
2. Component Coordinators also work for Head Start Program.	YES	YES	YES	YES	YES	NO	YES for Education & SS/PI Coordinator; NO for Health & Resource Coord.	YES	YES	YES	YES
3. Home Visitors (or equivalents) are trained in social work or a similar field.	NO	YES	YES some are professionals	NO	NO	NO	NO	YES	NO	YES	NO
4. Home Visitors are paraprofessionals or non-professionals.	YES	NO	YES some are non-professionals	YES	YES	YES	YES	NO	YES	NO	YES
5. Home Visitors are supervised or given consultative services by a qualified professional.	YES	YES,according to plan; but position has been vacant.	YES	YES	NO	NO	YES	YES	YES	YES	YES
6. Number of Home Visitors	6	3	4	4	2	5	5	6	5	5	2
7. Average number of families for which Home Visitors are responsible.	16	35	20	23	45	21	18	12	18	15	45
8. Percent of staff time devoted to each component:*											
Education	11.3	8.4	9.2	14.7	20.1	10.3	12.2	8.5	9.2	6.4	41.4
Health	5.3	7.8	5.6	9.8	2.7	4.6	5.1	1.2	6.0	10.4	9.7
Mental Health	6.9	9.8	6.4	4.8	5.3	5.3	5.5	8.1	6.9	1.4	8.8
Nutrition	9.2	1.2	5.6	8.7	1.0	2.7	1.9	1.7	0.6	1.2	23.1
Social Services	17.9	23.5	23.9	17.2	7.2	33.1	16.2	14.3	41.9	15.6	6.8
Handicapped	15.8	16.1	10.8	16.7	14.0	14.1	20.6	12.3	8.3	6.7	8.3
Parent Involvement	9.3	15.3	10.1	9.2	10.0	6.0	12.0	5.2	11.3	13.2	3.8
Staff Training	6.9	9.3	9.2	3.6	28.7	8.0	11.0	28.5	9.4	9.9	8.9
Administration	23.4	21.6	15.9	25.3	15.0	13.8	17.8	12.2	24.4	15.1	10.8
Other											
9. Program has up-to-date and usable organization chart and job descriptions which include qualifications and functions.	YES	YES,except for a couple of positions that have just been created or changed.	YES	YES	YES	YES	YES	YES	YES	YES	YES
10. Program staff is complete.	YES	NO	YES	YES	YES	NO	NO	YES	YES	YES	NO
11. Staffing pattern developed during the Planning and Start-up Phases has changed significantly.	NO	YES Community Psychologist position has been vacant. Program is currently making changes in staff pattern to correct this.	NO	NO	NO	NO	NO	YES	YES	NO	NO

*From Information System Data. Time Period is Jan. 15, 1975-April 15, 1975 except for Las Vegas and Modesto where the Time Period is October 15, 1974-January 15, 1975.

and social needs of families by referring them to the appropriate community agency. Programs using professionally trained home visitors do the same but also attempt to provide support and seek solutions to more psychologically oriented problems which may be underlying factors behind their other needs. For example, professional level home visitors in one program act as therapists, under the supervision of a psychologist, in play therapy sessions for children and in group therapy sessions for adults. In addition, professional level home visitors in another program have been placed, on a half time basis, as staff members of community agencies in an attempt to change the attitudes of these agencies towards their clients and to try to improve these agencies' service delivery system.

The eleven programs each have between two and six home visitors, responsible for between 12 and 45 families. Obviously, the number of families for which each home visitor is responsible affects the extent and quality of the service that the home visitor can provide. In nine of the programs, the home visitors are supervised or are provided with consultative services by an appropriately qualified professional. (In one of these programs, however, this supervisory position has been open for over a year). In the remaining two programs, the home visitors are not provided with any professional consultative services.

Included on Table II are the percentages of staff time devoted to each component. These data were obtained from the CFRP information System and reflect that period of time between January 16, 1974 and January 15, 1975 (except for two programs where the data reflect that period of time between October 16, 1974 and January 15, 1975). The data show that, overall, the programs are devoting most of their time to social service and administrative activities and the least amount of their time to health, mental health, and nutritional activities.

All programs have up to date organization charts and job descriptions for all staff members. At the time of the third data collection visit, seven of the programs had a complete staff while four programs had openings. These openings were in critical positions, however. In one program the Community Psychologist position was open; in another the Social Service Coordinator position was open; in another program two home visitor positions were open; and in another one home visitor position was open. In the program in which the Community Psychologist position was open, the program has been trying to fill that position for about a year. During the Spring of 1975, the program developed an alternative plan by dividing that position's

administrative and professional responsibilities between an administrator and a consultant. According to the new plan, a home visitor would take over the administrative duties and a part-time consultant would be hired to provide consultative services to the home visitors. Overall, however, only three programs have made significant changes in their staffing patterns during the Implementation Phase.

2. Staff Training

Table 12 shows how the eleven programs differ in the provision of staff training. Seven programs provide regularly scheduled in-service training sessions for their staff members. The frequency of training varies from weekly to monthly. This training is mainly directed at the home visitors but other CFRP staff may attend. Four programs provide no regular in-service training.

Six CFRPs provide either tuition or compensatory time for staff members to take college or graduate school courses at colleges or universities. This is provided as part of their career development programs. The remaining five CFRPs have no such programs.

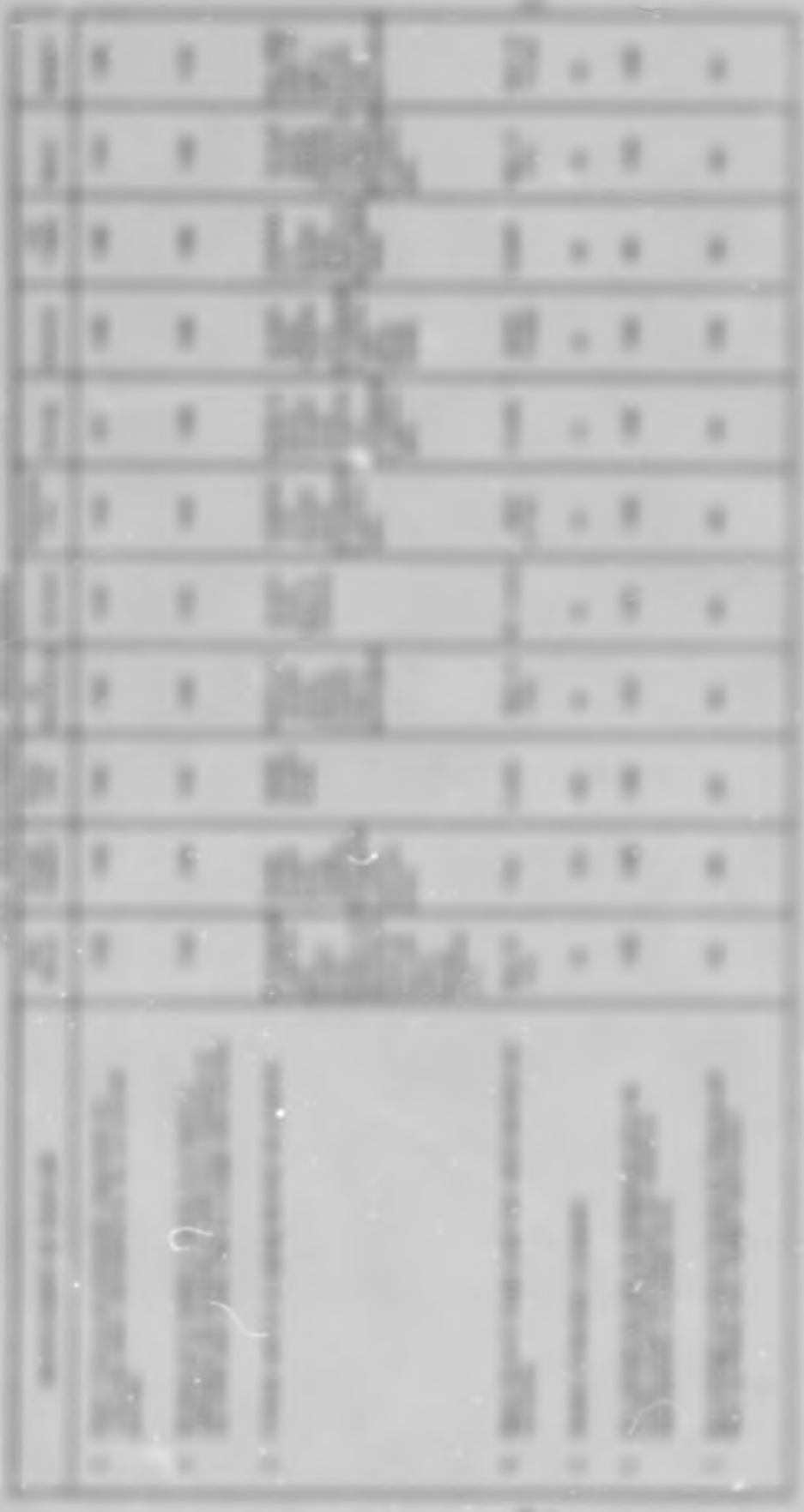
The percent of program staff time devoted to training varies from 1.4% at one site to 28.7% at another. The program that reported 28.7% of staff time is devoted to training also reported that no regularly scheduled in-service training is provided nor is tuition or time provided for college or graduate courses. The training that is provided at that site is informal and irregular.

Only five programs have made significant changes in their staff training program during the Implementation Phase.

3. Recruitment of Families

Table 13 presents data on the CFRP recruitment process. The eleven programs have enrolled between 98 and 200 families. Except for one site, the programs reported that recruitment has slowed since the required minimum numbers of families have been reached. However, recruitment is still being carried out to replace families that terminate for various reasons. In addition, some programs are planning slight increases in their number of enrolled families. Only one program has made significant changes to their recruitment procedures during the Implementation Phase.

In all but one site, the home visitors are primarily responsible for doing the initial recruitment. This involves talking to families about the program and collecting intake information for the application process. At the other programs there is a special coordinator for the intake process. At all sites, the decision as to whether a family is accepted



[illegible] the program to locate by a combination of the state letters that is a single state's numbers.

The target areas that the parcels [illegible] are as follows:

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

In addition to the requirements for [illegible] in the appropriate target areas, the programmers [illegible] an [illegible] to [illegible] the [illegible] for the programs. Those are:

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

The [illegible] [illegible] [illegible]

coordinators the freedom to respond openly and in any manner they desired.

The facilitators, problems, and recommendations obtained from all eleven programs are summarized on Tables 17, 18, and 19. Each table is organized by program activity and shows the number of program coordinators that expressed each facilitator, problem and recommendation. Agreement among coordinators would have been much greater if the questions were structured differently, requiring yes/no answers or ratings on a five-point scale. This was not our purpose, however. We wanted the coordinators to respond without bias or direction from the interviewer. It was felt that open-ended questions would yield information that the coordinator felt was truly significant.

a. Program Facilitators

There were a number of points which the coordinators agreed helped the implementation of the program (see Table 17). Four coordinators felt that implementation was facilitated by the fact that the staff that planned the program had a good understanding of the CFRP concept before they structured the program. Although this may seem like an obvious point, the coordinators felt it was important that planners understand the guidelines and their implications before putting together a local plan. Similarly under the planning activity, three coordinators felt that implementation was facilitated by including the representatives of appropriate community agencies in the planning of the program. Since agencies would be relied upon to provide services to CFRP families, their inclusion in the planning process would facilitate these linkages.

Four coordinators felt that the efficient jobs done by the program staff members facilitated the implementation of the program, while three coordinators said that the staff training program was very successful. These are also basic points but apparently very important to overall program success.

Five coordinators stated that a successful system of community agency linkages greatly facilitated program implementation. Cooperation of agencies in the provision of services to families is another key to program success.

Finally, two other facilitators that were important were support from the Head Start Policy Council (four coordinators) and the reputation of the Head Start program in the community (three coordinators). Since CFRP is heavily identified by parents and the community in general with Head Start, the reputation of Head Start generalizes to the CFRP. If Head Start's reputation

TABLE 17
PROGRAM FACILITATORS EXPRESSED BY PROGRAM COORDINATORS

PLANNING:	
Planners had good understanding of CFRP concept:	4 programs
Representatives of community agencies were involved in planning:	3 programs
Planners set realistic goals for first year:	1 program
Planners set realistic schedule for first year:	1 program
Planners placed emphasis on total community effort:	1 program
STAFF:	
Program staff members handled their assigned tasks in an efficient manner:	4 programs
Program staff members were familiar with the community:	2 programs
Staff members became involved in community affairs:	2 programs
CFRP Coordinator had creditability in the community:	1 program
TRAINING:	
Staff training was very successful:	3 programs
CFRP families attended staff training:	1 program
RECRUITMENT:	
Process of recruitment and enrollment of families was very successful:	1 program
COORDINATION OF SERVICES:	
Linkage system was successful:	5 programs
Formalized arrangements with agencies were developed before the program was implemented:	1 program
Representatives of community agencies interviewed and screened staff applicants for staff positions:	1 program
CFRP helped community agencies identify needs of families:	1 program
Agencies had a good relationship with the grantee:	1 program
Social service agencies in the community were doing a good job:	1 program
Health center in the community was situated near the CFRP office:	1 program
MISCELLANEOUS	
Program received good support from Policy Council:	4 programs
Head Start program had a good reputation in the community:	3 programs
Program received good support from grantee:	2 programs
A competent T/TA consultant was available for use:	1 program
Program developed a good management approach:	1 program
Program did a good job in managing funds:	1 program
Publicity campaign was developed using the news media:	1 program

is good, CFRP benefits. Similarly, support from the Head Start Policy Council is important to the CFRP.

b. Program Problems and Difficulties

There was less agreement on problems and difficulties than on facilitators (see Table 18). The most frequently cited problem (four coordinators) was that the staff and the community, in general, had difficulty in understanding the CFRP concept and the program objectives. The second most frequently cited problem (three coordinators) was that training was inappropriate for staff needs. It is interesting to note that these two items (understanding of concept and staff training) were cited by other program coordinators as being facilitators of program implementation. Hence, it may be concluded that understanding of the program concept and staff training are extremely important factors and make the program easy or difficult to implement depending on whether or not the CFRP concept is understood and on the success of the staff training program.

c. Recommendations

As shown on Table 19, the program coordinators had numerous recommendations for people starting new CFR programs. The most frequently cited recommendation (four coordinators) was that an assessment of community needs be conducted as a first step in planning the program. This will allow the program planners to determine the services that are required for the target families and to determine the service gaps that exist in the community which the CFRP must provide. Two other recommendations were cited by three program coordinators each. These are the need to understand the CFRP concept and guidelines and the need to inform and involve as many people as possible in the planning process, including staff members, representatives of appropriate community agencies, families residing in the target area, and representatives of the community in general. All other recommendations were cited by only one or two program coordinators.

E. Analysis of Regional Office Data

In addition to the comprehensive interviews that were conducted with staff members of the eleven programs, discussions were held with representatives of the ten Regional Offices and the Indian/Migrant Program Division of OCD in order to determine the roles these organizations played in the development of CFRP during the Planning Phase. More specifically, information was collected on the understanding that the regional representatives had of the goals and objectives of CFRP during the Planning Phase; the types of input

TABLE 18

PROGRAM PROBLEMS AND DIFFICULTIES EXPRESSED BY PROGRAM COORDINATORS

PLANNING:	
Staff and community, in general, had difficulty in understanding CFRP concept and objectives:	4 programs
Grant was not sufficiently large to implement the program they wanted:	2 programs
Program developed a poor initial plan:	1 program
There was insufficient time to implement the program:	1 program
Guidelines were not sufficiently structured:	1 program
Existing Head Start staff was resistant to change:	1 program
Threat to dismantle OEO disrupted the planning by the CAP:	1 program
STAFF:	
Selection of staff members:	2 programs
Staff turnover:	2 programs
Lack of communication among staff members:	2 programs
Families were critical of some staff members:	1 program
Personnel changes at grantee level made communications difficult:	1 program
Equal Employment Opportunity grievance during startup prevented hiring of staff:	1 program
STAFF TRAINING:	
Training was inappropriate for staff needs:	3 programs
INDIVIDUALIZATION:	
Needs assessment process was poor:	1 program
Complete needs assessment data was not being obtained:	1 program
Programs failed to get total commitments from families:	1 program
COORDINATION OF SERVICES:	
During initial stages of project, community lacked a number of essential resources:	1 program
Community agencies were jealous of CFRP and were afraid CFRP was infringing on their programs:	1 program
Some agencies refused to share information on families with CFRP:	1 program
Required services were not specified for migrant workers:	1 program
Development of Infant/Toddler program was difficult:	1 program
MISCELLANEOUS:	
Program has poor management system:	2 programs
Representatives from DHEW Regional Office were indifferent to the program:	1 program
Program could have used more training and technical assistance from OCD:	1 program
Communication between program and Policy Council has been poor:	1 program
There has been a lack of coordination of conferences, training sessions, and consultant visits:	1 program
Facility, equipment, and materials have been lacking:	1 program
A negative feeling exists in the community against government social programs:	1 program
Public transportation in community is a problem:	1 program
Newspapers, television, and radio did not give program sufficient coverage:	1 program
Program only operates nine months per year since target population (migrant workers and their families) move out of area during winter months:	1 program
Early childhood education is not seen as a profession in the community:	1 program

TABLE 19

RECOMMENDATIONS FOR NEW PROGRAMS EXPRESSED BY PROGRAM COORDINATORS

PLANNING:	
Understand CFRP concept and guidelines and make sure staff understands them:	3 programs
Inform and involve as many people as possible, including staff, agencies, and the community:	3 programs
Set realistic goals and time schedules:	2 programs
Plan for and implement a good program management and evaluation system:	2 programs
Write goals and objectives in measurable terms:	1 program
Include agencies in planning:	1 program
Try to take advantage of knowledge and experience gained by other CFRP's:	1 program
A planning grant should be awarded before the implementation of the program is to begin:	1 program
Design program plan for the individual community:	1 program
Programs should be planned as a total community effort, not solely Head Start:	1 program
STAFF:	
Programs should hire professionally qualified staff members:	2 programs
CFRP and Head Start staffs should work together:	1 program
Staff should be carefully selected:	1 program
Key staff members should be prepared to work independently:	1 program
CFRP Coordinator should have creditability in the community:	1 program
At least one staff member should have global view and understanding of the entire program:	1 program
Programs should have a full time or part time public relations person:	1 program
Programs need people with writing skills:	1 program
The size of the program staff should be sufficient to accomplish the program's objectives:	1 program
Staff should be aware that program is concerned with the entire family rather than with children ages 3-5:	1 program
TRAINING:	
Programs should develop and implement a comprehensive staff training program:	1 program
INDIVIDUALIZATION:	
Programs should conduct an assessment of community needs:	4 programs
Programs should not overextend themselves by enrolling too many families:	1 program
Program staff must believe in the potential of their enrolled families:	1 program
Programs should constantly review family needs and the services that could be supplied to each family:	1 program
Programs should make sure families are committed to the program:	1 program
Programs should prepare people for change in attitudes:	1 program
COORDINATION OF SERVICES:	
Programs should make sure that community agencies cooperate with and support the CFRP:	2 programs
CFRP and non-CFRP Head Start classes should be held together:	1 program
Start an Infant/Toddler program and Follow-Through program before concentrating on provision of social services:	1 program
MISCELLANEOUS:	
Programs should make sure that their facilities are adequate:	1 program
Programs should prepare written accountability statements:	1 program
Programs should utilize the technical assistance provided by the national and regional OCD staffs:	1 program
Regional offices should be required to assign one person as liaison to demonstration projects for the duration of the demonstration:	1 program

the Regional Offices had in the development of the program guidelines; the roles played by the Regional Offices during the Planning Phase; and the feelings of the Regional Office staffs relative to the strengths and weaknesses of the CFRP planning process.

The information collected was summarized and is presented in Tables 20-24. In short, the information indicates that the Regional Offices did not have a major role in the CFRP planning process. The program was developed primarily by the OCD National Office staff and they maintained close control over the demonstration program during its early life.

Table 20 shows the type of input the Regional Offices had in the development of the CFRP guidelines. Only one regional office had a representative who participated directly in the development of the guidelines. Three regions reported that their staffs reviewed the drafts of the guidelines after they were developed by the national office and offered suggestions and recommendations. The remaining seven regions stated that they had no input whatsoever.

Table 21 shows how the regions understood the CFRP goals and objectives during the program's Planning Phase. The responses show that the regions did not have a complete understanding of the CFRP concept at that time. This is understandable due to the fact that the program was developed and administered almost completely by the OCD National Office. Seven regions stated that one of the goals of the program was to provide services to the total family, not just one child. In a similar vein, two regions said that the program had the same goals and objectives as Head Start, but would serve whole families. Five regions stated that one of the goals was to deliver services to families without a duplication effort by attempting to coordinate the resources of the community. Six other goals were stated by single programs. These are shown in Table 21. It is apparent from these responses that most regional representatives were not familiar with all the CFRP goals and objectives. They could not talk knowledgeably about the total CFRP concept, other than saying it would serve whole families and would coordinate community resources.

The data reported in Table 22 is another indication of the minor role played by the regions in the administration of this program. Five of the eleven regions reported that they had no role in the program during the Planning Phase. Three regions stated that they provided the local programs with general information about CFRP and two regions stated that they discussed with the applicants in their areas their general program plan. As shown in the Table 22, technical assistance was provided in the various program areas during the Planning Phase, but this assistance was minor because it was felt that the applicants themselves should develop their own plans; and, for each program area, assistance was provided by only one or two regions.

TABLE 11

DEVELOPMENT OF GUIDELINES

Type of Input by Regional Offices	Number of Subregions
Region had no input.	0
Region representatives reviewed drafts of guidelines after they were developed by the OCD National Office.	0
Region representatives worked on committees that developed guidelines.	5

TABLE 12

[illegible]

Goals and Objectives	Number of Regions
To provide services to the total family, not just one child.	0
To deliver services without a duplication of effort by coordinating resources.	0
Serve goals as Head Start, but to include whole families.	0
To make problems for families as they see them their effort toward their child's development.	0
To help direct families toward agencies that can help with family problems.	0
To make agencies responsible for what they are supposed to be doing.	0
To provide for expansion of services to allow programs to provide more than the minimum services.	0
To provide a single point of contact for families who need services.	0
To emphasize the home-based concept of child services.	0

[illegible]

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

[illegible]

[illegible]

[illegible]

TABLE 25
SUMMARY OF ALL CFRP FAMILIES

Item	Region Office Totals	I New Haven	II Poughkeepsie	III Portsville	IV St. Petersburg	V Jackson	VI Oklahoma City	VII Goeing	VIII Bismarck	IX Las Vegas	X Seattle	XI Fairbanks
1. Number of families enrolled	1,106	94	110	206	96	90	99	93	83	58	78	99
/1 1a. #/% families originally enrolled in Head Start	649/58.4	51/54.3	86/78.2	128/62.1	64/66.6	60/66.6	56/56.6	51/54.8	25/30.1	44/75.9	34/47.9	67/67.7
1b. #/% families referred by other agencies	269/24.3	26/27.7	21/19.1	40/19.4	23/23.0	17/18.9	20/20.2	22/23.7	45/54.2	4/6.9	23/29.5	28/28.3
1c. #/% families recruited by CFRP	191/17.3	17/18.1	3/2.7	38/18.4	9/9.4	13/14.4	23/23.2	20/21.5	13/15.7	10/17.2	41/52.6	4/4.0
2. Total family members	5,415	443	481	1,004	504	437	415	540	384	292	353	562
Male/Female	2,602/2[illegible]	181/262	208/272	461/543	213/291	183/254	191/224	266/286	176/208	149/143	161/192	291/271
2a. # Children 0-8	2,649	220	237	471	252	224	194	293	178	160	183	237
Male/Female	1,360/1289	100/120	125/112	242/279	122/130	112/112	106/88	153/140	92/86	90/70	93/90	125/112
2b. # family members 9-17	1,022	86	84	162	125	88	74	94	76	56	59	118
Male/Female	526/496	41/45	39/45	76/86	66/59	44/44	35/39	48/46	40/36	35/21	35/24	67/51
2c. # family members 18-older	1,744	137	160	371	127	125	147	153	130	76	111	207
Male/Female	895/1,149	40/97	46/114	145/226	25/102	27/98	52/95	60/93	44/86	24/52	33/78	99/108
/2 Family Race/Ethnic Background												
3. Spanish surname	186	13	0	0	1	0	0	57	0	12	4	99
4. Black	387	44	69	2	87	58	97	0	0	30	0	0
5. White	479	33	39	200	7	30	1	20	77	8	61	0
6. Native American	19	0	0	0	0	0	0	11	1	6	1	0
7. Oriental	0	0	0	0	0	0	0	0	0	0	0	0
8. Other	34	4	2	4	1	2	1	5	5	0	10	0
9. One Parent Families	564	61	77	69	70	70	50	32	41	39	44	11
10. Two Parent Families	527	33	33	136	21	20	43	60	41	18	34	88
/3 11. Other	15	0	0	1	5	0	6	1	1	1	0	0
12. Total Non Farm Families	1,085	94	110	206	96	90	99	76	79	58	78	99
13. Total Farm Families	21	0	0	0	0	0	0	17	4	0	0	0
14. # families left program during report period	50	3	1	1	0	5	9	2	19	3	7	0
15. Aver. length of time families enrolled prior to termination		16 mos.	15 mos.	12. mos.	0	5 mos.	11 mos.	12 mos.	7 mos.	13 mos.	14 mos.	0
16. Families who re-enrolled during report period	9	0	0	0	0	1	4	4	0	0	0	0
17. % families enrolled who terminated during report period	4.5	3.1	0.9	0.5	0	5.3	11.0	0.02	18.6	4.9	8.2	0

TABLE 25

SUMMARY OF ALL CFRP FAMILIES

Item	Region: Site: Totals	I New Haven	II Pough-keepsie	III Pottsville	IV St. Petersburg	V Jackson	VI Oklahoma City	VII Gering	VIII Bismarck	IX Las Vegas	X Salem	XI Modesto
18. #/% Families enrolled below poverty income level	1,023 92.5	81 86.2	101 92.0	206 100.0	86 89.6	85 94.4	93 93.9	86 92.5	72 86.7	53 91.4	70 89.7	90 90.9
19. #/% Families enrolled over poverty income level	83 7.5	13 13.8	9 8.0	0 0.0	10 10.4	5 5.6	6 6.1	7 7.5	11 13.3	5 8.6	8 10.2	9 9.1
Children 0-8 by age group												
20. 0-3 months - #/%	25/0.9	3/1.4	2/0.8	3/0.6	2/0.8	3/1.3	4/2.1	3/1.0	2/1.1	3/1.9	0/0.0	0/0.0
21. 3-6 months - #/%	46/1.6	1/0.5	4/1.7	8/1.7	5/2.0	2/0.9	8/4.1	7/2.4	1/0.6	3/1.9	0/0.0	7/3.0
22. 6-9 months - #/%	45/1.6	5/2.3	0/0.0	8/1.7	4/1.6	4/1.8	8/4.1	1/0.3	4/2.4	3/1.9	1/0.6	7/3.0
23. 9-12 months - #/%	43/1.6	3/1.4	2/0.8	3/0.6	4/1.6	3/1.3	7/3.6	5/1.7	3/1.7	5/3.1	3/1.6	5/2.1
24. 12-24 months - #/%	199/7.5	20/9.1	21/8.9	28/5.9	15/6.0	14/6.3	15/7.7	23/7.8	13/7.3	12/7.5	11/6.0	27/11.4
25. 24-36 months - #/%	253/10.0	28/12.7	14/5.9	41/8.7	21/8.3	24/10.7	16/8.2	28/10.0	16/9.0	18/11.2	20/10.9	27/11.4
26. 36-48 months - #/%	328/12.4	25/11.4	28/11.8	55/11.7	25/9.9	25/11.2	27/13.9	45/15.4	16/9.0	20/12.5	25/13.7	37/15.6
27. 48-60 months - #/%	451/17.0	30/13.6	56/23.6	108/22.9	38/15.1	41/18.3	29/14.9	34/11.6	25/14.0	28/17.5	24/13.1	38/16.0
28. 60-72 months - #/%	493/18.6	50/22.7	35/14.8	110/24.6	48/19.1	43/19.2	27/13.9	52/17.7	32/18.0	30/18.8	34/18.6	26/11.0
29. 6 through 8 years - #/%	766/28.8	55/25.0	75/31.6	101/21.4	90/35.7	65/29.0	53/27.3	95/32.4	66/37.1	38/23.8	65/35.5	63/26.5
Children 0-8 Enrolled												
30. Developmental Day Care Part-time at Center - #/%	244/ 9.2	16/ 7.3	80/ 33.8	25/ 5.3	0/ 0	46/ 20.5	29/ 2.6	0/ 0	0/ 0	48/ 30.0	0/ 0	0/ 0
31. Developmental Day Care Part-time at Home - #/%	254/ 9.6	21/ 9.6	38/ 16.0	27/ 5.7	22/ 8.7	12/ 5.4	55/ 35.1	0/ 0	17/ 9.6	0/ 0	62/ 33.9	0/ 0
32. Developmental Day Care Full-time at Center #/%	440/ 16.6	27/ 12.3	12/ 5.1	144/ 30.6	105/ 41.7	12/ 5.4	33/ 17.0	53/ 18.1	54/ 30.3	0/ 0	0/ 0	0/ 0
33. Developmental Day Care Full-time at Home - #/%	196/ 7.4	0/ 0	0/ 0	0/ 0	47/ 18.7	2/ 0.9	2/ 1.0	102/ 34.8	4/ 2.2	0/ 0	39/ 21.3	0/ 0
34. Developmental Day Care Part-time at Center & Home - #/%	185/ 7.0	5/ 2.3	1/ 0.4	8/ 1.7	0/ 0	34/ 15.2	0/ 0	5/ 1.7	10/ 5.6	42/ 26.1	80/ 43.7	0/ 0
35. Children enrolled in K-3 - #/%	785/ 29.6	90/ 41.0	92/ 38.8	91/ 19.3	78/ 31.0	90/ 40.2	64/ 33.0	131/ 44.7	47/ 26.4	39/ 24.4	0 0	63/ 26.6
36. Children not enrolled in Developmental Day Care or K-3 - #/%	545/ 20.6	61/ 27.7	14/ 5.9	176/ 37.4	0/ 0	28/ 12.5	11/ 5.7	2/ 0.7	46/ 25.8	31/ 19.4	2/ 1.1	174/ 73.4
37. College Graduates 18-older - #/%	10/0.6	0/0.0	2/1.3	0/0.0	2/1.6	1/0.8	1/0.7	0/0.0	2/1.5	1/1.3	1/0.9	0/0.0
38. High School Grads 9-17 - #/%	6/0.6	1/1.2	0/0.0	0/0.0	0/0.0	0/0.0	5/6.8	0/0.0	0/0.0	0/0.0	0/0.0	0/0.0
39. High School Grads 18-older - #/%	682/39.1	73/53.3	37/23.1	209/56.3	46/36.2	49/39.2	81/55.1	23/15.0	67/51.5	30/39.3	65/58.6	2/1.0
40. Total High School Grads - #/%	688/24.9	74/33.2	37/23.1	209/56.3	46/18.3	49/23.6	85/38.9	23/9.3	67/32.5	30/22.7	65/58.2	2/0.6

TABLE 25 - cont.

Item	Region: Site: Totals	I New Haven	II Poughkeepsie	III Pottsville	IV St. Petersburg	V Jackson	VI Oklahoma City	VII Gering	VIII Bismarck	IX Las Vegas	X Salem	XI Modesto
HANDICAPS: Children 0-8 years												
0-36 months:	42	2	3	4	7	3	5	5	1	0	2	10
41. Blindness	0	0	0	0	0	0	0	0	0	0	0	0
42. Visual Impairment	1	0	0	1	0	0	0	0	0	0	0	0
43. Deafness	0	0	0	0	0	0	0	0	0	0	0	0
44. Hearing Impairment	1	0	0	0	0	1	0	0	0	0	0	0
45. Physically Handicapped	6	1	0	0	0	1	1	2	0	0	0	1
46. Speech Impairment	1	0	0	0	0	0	1	0	0	0	0	0
47. Other Health or Developmental Impairment	33	1	3	3	7	1	3	3	1	0	2	9
48. Mental Retardation	0	0	0	0	0	0	0	0	0	0	0	0
49. Serious Emotional Difficulties	0	0	0	0	0	0	0	0	0	0	0	0
36-60 months:	141	6	45	34	16	12	2	2	8	7	4	5
50. Blindness	0	0	0	0	0	0	0	0	0	0	0	0
51. Visual Impairment	8	0	2	5	0	1	0	0	0	0	0	0
52. Deafness	1	0	0	0	0	0	0	0	1	0	0	0
53. Hearing Impairment	1	0	0	0	0	1	0	0	0	0	0	0
54. Physically Handicapped	13	2	0	0	1	5	0	1	3	0	1	0
55. Speech Impairment	51	1	28	9	0	2	1	0	3	6	1	0
56. Other Health or Developmental Impairment	56	2	13	16	15	2	0	1	0	1	2	4
57. Mental Retardation	3	1	0	0	0	1	0	0	1	0	0	0
58. Serious Emotional Difficulties	8	0	2	4	0	0	1	0	0	0	0	1
60-72 months:	97	5	6	30	14	7	13	11	4	0	6	1
59. Blindness	0	0	0	0	0	0	0	0	0	0	0	0
60. Visual Impairment	5	0	0	2	0	1	0	2	0	0	0	0
61. Deafness	0	0	0	0	0	0	0	0	0	0	0	0
62. Hearing Impairment	6	0	0	2	0	0	1	1	0	0	1	1
63. Physically Handicapped	6	1	0	1	2	0	1	1	0	0	0	0
64. Speech Impairment	34	3	2	11	6	3	4	2	3	0	0	0
65. Other Health or Developmental Impairment	24	1	3	9	6	0	0	3	0	0	2	0
66. Mental Retardation	8	0	0	1	0	2	1	1	1	0	2	0
67. Serious Emotional Difficulties	14	0	1	4	0	1	6	1	0	0	1	0
6-8 years:	67	1	4	14	13	11	2	6	6	0	10	0
68. Blindness	0	0	0	0	0	0	0	0	0	0	0	0
69. Visual Impairment	1	0	0	0	0	0	0	0	1	0	0	0

TABLE 25 - cont.

Item	Region: Site: Totals	I New Haven	II Poughkeepsie	III Pottsville	IV St. Petersburg	V Jackson	VI Oklahoma City	VII Gering	VIII Bismarck	IX Las Vegas	X Salem	XI Modesto
70. Deafness	0	0	0	0	0	0	0	0	0	0	0	0
71. Hearing Impairment	4	0	0	1	0	1	0	1	0	0	1	0
72. Physcially Handicapped	5	0	0	1	0	3	0	0	0	0	1	0
73. Speech Impairment	13	0	1	3	2	3	0	0	2	0	2	0
74. Other Health or Developmental Impairment	24	1	1	3	11	1	0	4	1	0	2	0
75. Mental Retardation	8	0	1	3	0	0	0	1	2	0	1	0
76. Serious Emotional Difficulties	12	0	1	3	0	3	2	0	0	0	3	0
77. Total # Handicaps	347	14	58	82	90	33	22	24	19	7	22	16
78. Multiple Handicapped Children	38	1	7	14	3	7	2	1	2	0	1	0
79. #/% Total Handicapped Children	300 8.67	13 5.9	51 21.5	62 13.2	67 18.7	26 11.6	17 8.8	23 7.8	17 9.6	7 4.4	21 11.5	16 6.8
Sources of Family Income (#/%)												
80. Employment (permanent, temporary, seasonal)	350/81.7	26/27.7	28/25.5	66/32.0	41/44.8	12/13.3	42/42.4	50/53.8	36/48.4	13/22.4	25/32.1	9/9.1
81. Unemployment Compensation	27/2.4	6/6.4	2/1.8	8/3.9	2/2.1	3/3.3	3/3.0	0/0.0	2/2.4	1/1.7	0/0.0	0/0.0
82. Veteran's Pension	61/0.5	0/0.0	1/0.9	1/0.5	0/0.0	0/0.0	2/2.0	1/1.1	0/0.0	0/0.0	1/1.3	0/0.0
83. Welfare/Public Assistance	50/45.8	62/66.0	62/56.4	99/48.1	35/38.5	39/65.6	47/47.5	38/35.8	28/38.9	33/56.9	47/60.3	1/1.0
84. Social Security	29/2.6	0/0.0	5/4.5	5/2.4	3/3.1	3/3.3	4/4.0	3/3.2	3/3.6	3/5.2	0/0.0	0/0.0
85. No Income Source	12/1.1	0/0.0	3/2.7	2/2.9	2/2.1	0/0.0	1/1.0	0/0.0	1/1.2	3/5.2	0/0.0	0/0.0
86. Other	176/15.9	0/0.0	9/8.2	25/12.1	11/11.5	13/14.4	0/0.0	6/6.5	13/15.7	5/8.6	5/6.4	2/2.9
87. Family members 0-8 years eligible for Medicaid	1,552	170	190	294	172	194	161	85	54	104	128	NOT AVAILABLE
88. Family members 0-8 years enrolled in Medicaid	1,483	168	187	294	145	194	129	85	54	99	128	
89. Family members 9 and older eligible for Medicaid	1,159	143	140	217	137	170	123	90	45	56	38	
90. Family members 9-older enrolled in Medicaid	1,111	143	137	217	119	167	109	90	45	52	38	
91. Total family members eligible for Medicaid	2,711	313	330	511	309	364	284	175	99	160	166	
92. Total family members enrolled in Medicaid	2,594	311	324	511	264	361	232	175	99	151	166	

TABLE 25 -- cont.

Item	Region totals	I New Haven	II Poughkeepsie	III Fayetteville	IV St. Petersburg	V Jackson	VI Oklahoma City	VII Irving	VIII Norwalk	IX Las Vegas	X Salem	XI Yakima
93. Family members 0-8 fluent in English	2,334	159	257	471	221	224	194	253	178	139	173	65
94. Family members 9-older fluent in English	2,650	196	244	533	232	213	221	240	206	101	160	115
95. Family members 0-8 fluent in Spanish	439	32	0	0	0	2	0	172	0	11	10	232
96. Family members 9-older fluent in Spanish	515	25	0	0	0	0	0	146	0	10	9	325
97. Family members 0-8 fluent in another language	59	3	0	0	0	0	0	24	0	10	0	0
98. Family members 9-older fluent in another language	58	15	0	0	0	0	0	21	0	21	1	0
99. Family members 0-8 who need medical services	915	66	60	519	9	91	60	165	30	16	57	87
100. Family members 9-older who need medical services	376	45	51	80	26	57	24	16	22	13	56	40
101. Total family members who need medical services	1,294	107	91	599	36	129	84	181	52	27	93	127
102. Family members 0-8 who need dental services	439	6	96	233	57	25	90	75	50	55	73	90
103. Family members 9 older who need dental services	223	12	67	60	11	4	30	3	28	16	31	2
104. Total family members who need dental services	551	15	165	234	60	29	60	51	60	67	104	51
105. Family members 0-8 who need mental health services	115	3	14	11	5	5	11	5	5	0	59	1
106. Family members 9-older who need mental health services	256	12	50	52	28	5	7	13	53	1	73	0
107. Total family members who need mental health services	369	15	70	65	56	11	18	18	60	1	116	1
108. Family members 0-8 who need nutritional services	454	19	136	294	15	0	13	74	2	24	27	60
109. Family members 9-Older who need nutrition services	107	7	107	326	19	0	13	38	11	13	34	9
110. Total family members who need nutrition services	1,553	26	295	620	32	0	26	127	13	38	57	69

TABLE 35 -- cont.

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Item	I Virginia Beach	II Norfolk	III Chesapeake	IV Portsmouth	V Hampton	VI Newport News	VII Oklahoma City	VIII Tulsa	IX Norman	X Las Vegas	XI Reno	XII Carson City
111. Family members 0-5 who need medical services	737	39	40	671	6	7	56	20	40	9	37	5
112. Family members 6-older who need medical services	1,300	42	40	1001	52	37	24	370	65	9	40	204
113. Total family members who need medical services	1,991	40	120	1,009	58	24	30	120	114	17	47	240
114. Family members 0-5 who need educational services	1,300	40	30	671	3	19	6	240	91	30	140	257
115. Family members 6-older who need educational services	1,274	77	60	000	52	20	34	74	39	34	85	220
116. Total family members who need educational services	2,040	117	120	1,000	55	60	20	314	130	60	224	502
117. Family members 0-5 who need other services	000	20	0	671	2	20	1	21	30	2	20	0
118. Family members 6-older who need other services	247	0	17	00	0	20	2	120	40	6	5	0
119. Total family members who need other services	000	20	20	000	2	30	2	140	60	7	20	0
120. Family members 6-older who need child care services	000	20	60	270	0	7	0	0	20	20	10	0
121. Family members 6-older who need employment	000	30	30	70	20	30	60	20	30	20	30	30
122. Family members 6-older who need training	200	0	30	30	0	0	20	40	20	20	1	0
123. Family members 6-older who need transportation	247	20	20	30	27	20	20	0	20	20	0	47
124. Family members 6-older who need financial & legal assistance	200	1	40	30	20	0	0	0	20	20	1	20
125. Family members 6-older who need personal care	30	0	0	1	0	1	7	0	7	0	0	0
126. Regression 0-17 - 6.7%	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0
127. Regression 18-older - 6.7%	00.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0
128. Total Regression - 6.7%	00.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0	0.0, 0

Table 8 (a) — cont'd.

Rank	(1) Number of staff	(2) Duty hours	(3) Freight carried (000 kg)	(4) Passengers carried	(5) No. of flights	(6) Accidents	(7) Fatalities	(8) Injuries	(9) Damage (£000)	(10) Aircraft lost	(11) Aircraft damaged	(12) Aircraft destroyed
(a) Commissioned officers												
Air Marshal												
Air Vice-Marshal												
Air Commodore												
Group Captain												
Wing Commander												
Squadron Leader												
Flight Lieutenant												
Flying Officer												
Pilot Officer												
Total												

(1) Number allotted to Head Start. Note: do not figure to each column. Total number shown against all Section (see CFAP Handbook 111, 4 for explanation). Second number shown against Section Officers. This latter is used to provide a comparison of number of Section Assigned to Head Start in number allowed under CFAP Handbook.

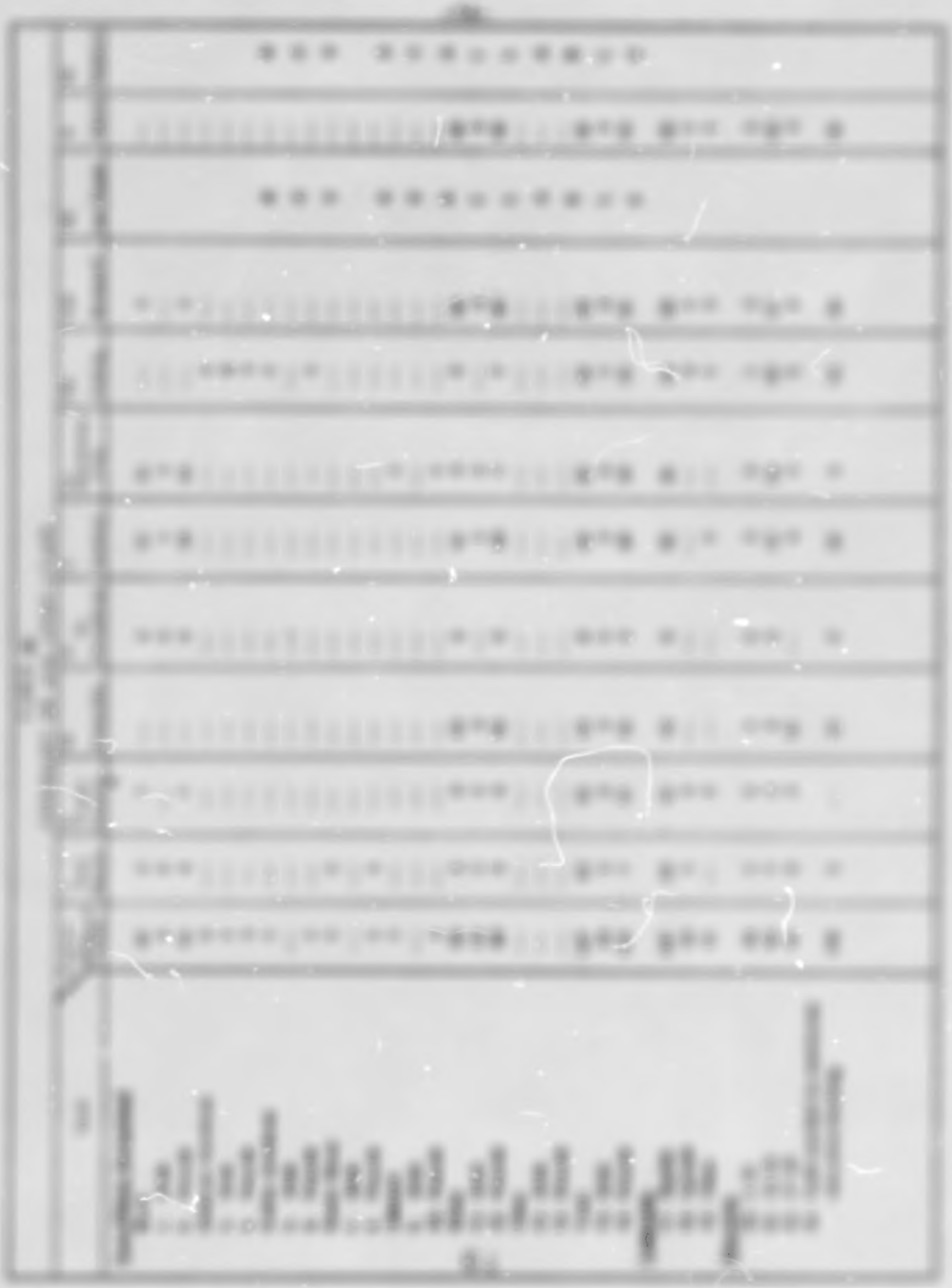
(2) See Flight Hours for remark at 10.

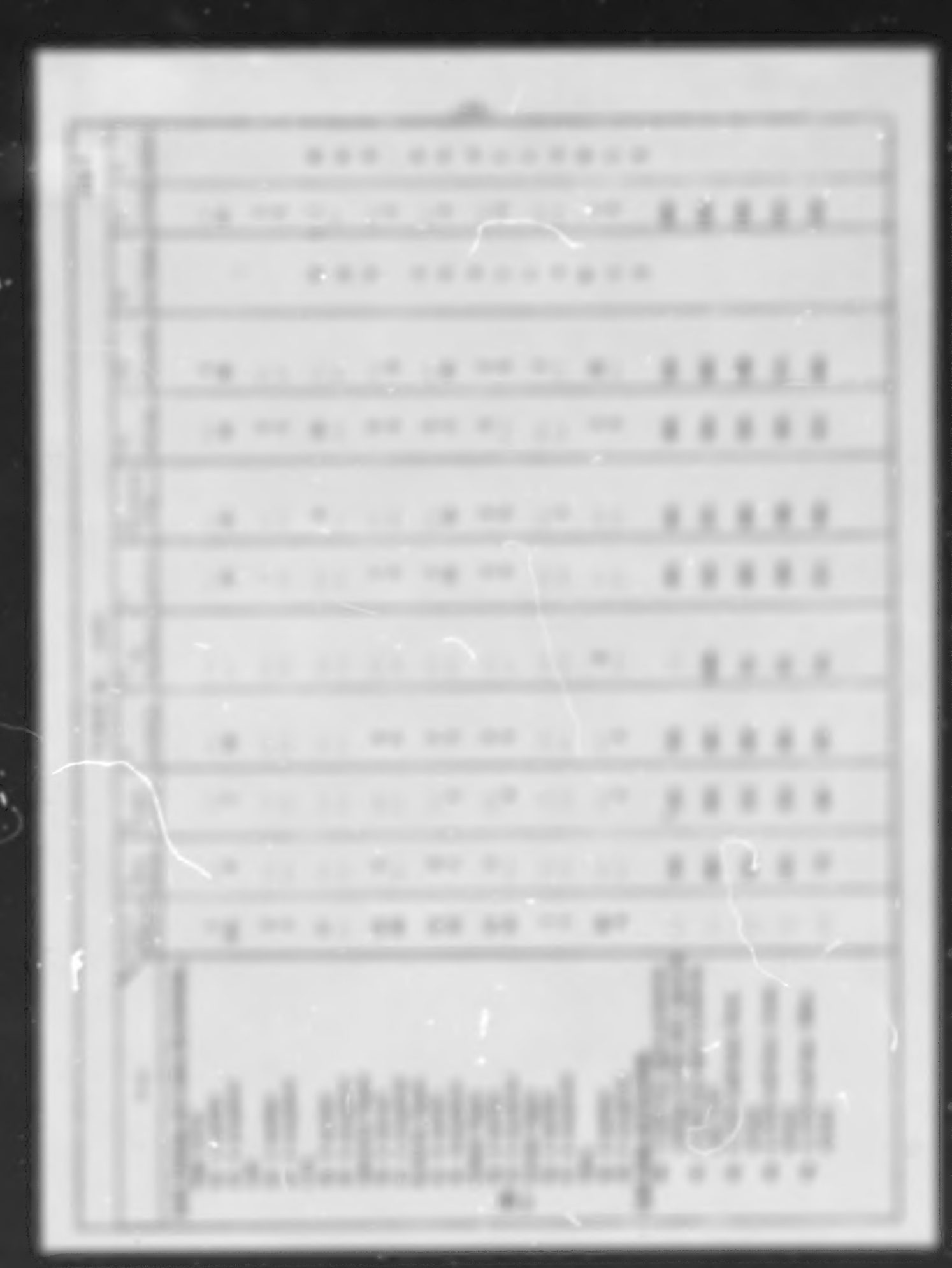
(3) Main Category. Including Overflow Section, Section Seconded to other airlines, Section Seconded to other services.

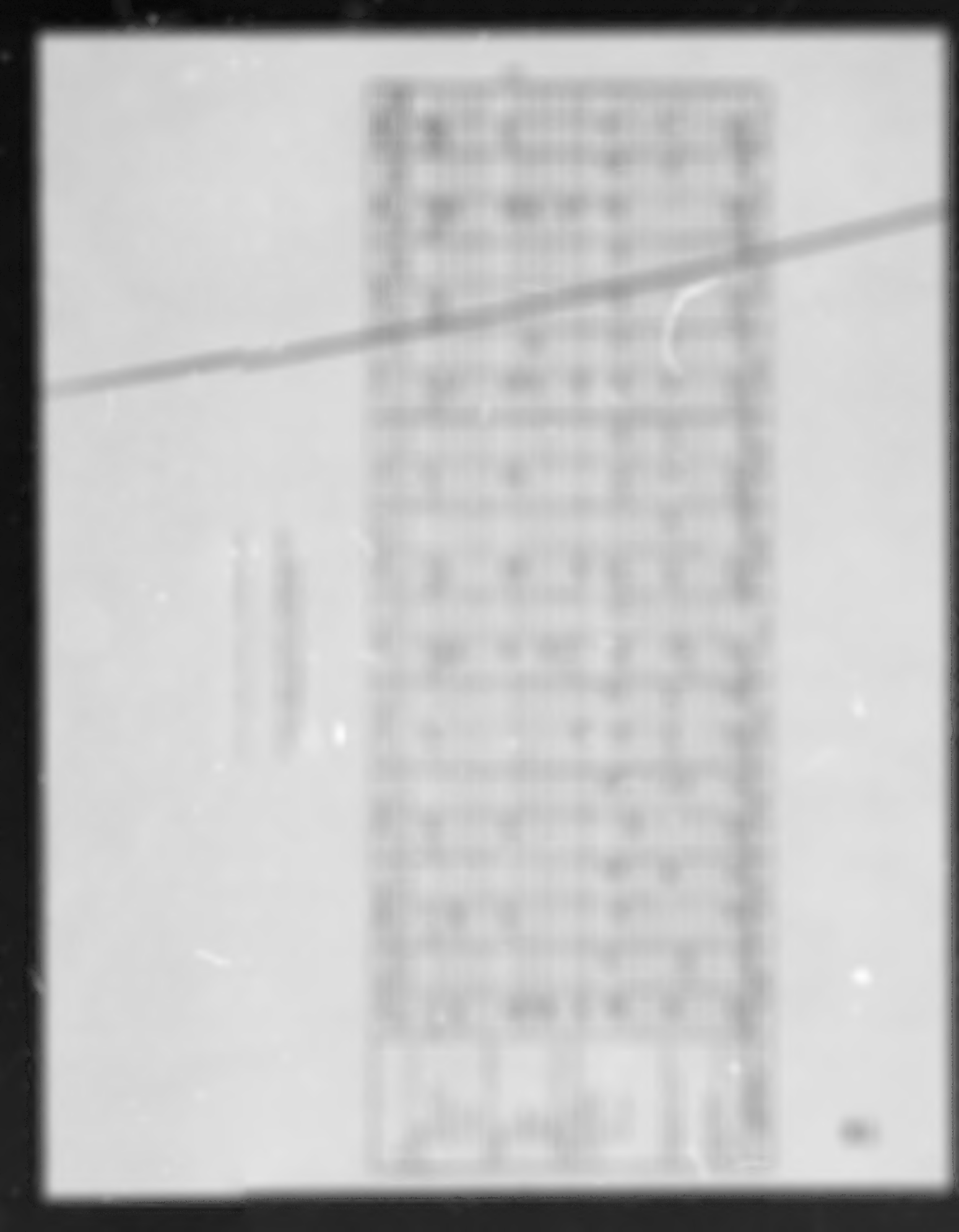
(4) No. Hangars only Hangarage available, current only up to age 30.

(5) Category Reasons. See to Handling Safeguard regulations, the needs with are changed only most essential of Safeguards to the Work.

(6) Hangarages. Book the underlining percentages to most Accords the the appropriate Area category.







TOTAL CFRP EXPENDITURES IN THE CATEGORY HANDICAPPED (1, 6)
FOR THE PERIOD 1/16/75- 3/15/75

Item	New Mexico		Poughkeepsie		Amarillo		St. Petersburg		Jackson		Oklahoma City		Lansing		Bismarck		Las Vegas		Salem		Anaheim	
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
3. Personnel																						
Salaries and Wages	1,384		389		725		125		523		783		299		426		576		428			
Fringe Benefits									66		141				25		118		47			
Consultants																						
Industrial																						
4. Facilities																						
Rent	39		15								21											
Equipment																						
Furniture																						
Other																						
5. Staff Training																						
6. Materials (Reusable)																						
7. Consumable supplies																						
Rent																						
Other (specify)											24											
8. Contract Services (Describe)	334	743				756																
Indirect Payments																						
9. Travel									13		30				50		11					
TOTALS	1,557	743	404		725	756	125		400		999		299		501		705		475			
GRAND TOTALS	2,300		404		1,481		125		400		999		299		503		705		475			

TOTAL CFRP EXPENDITURES IN THE CATEGORY EDUCATION (2.0)
FOR THE PERIOD 1/16/75- 3/15/75

Item	New Haven		Poughkeepsie		Pottsville		St. Petersburg		Jackson		Oklahoma City		Gering		Bismarck		Las Vegas		Salem		Modesto	
	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount
1. Personnel																						
Salaries and Wages	3,632		5,724		4,721		2,826		1,844		5,897		2,899		3,270		2,760		4,637			
Fringe Benefits									378		964				191		565		515			
Consultants	1,702		922																142			
Volunteers																						
2. Facilities																						
Space	134		296		600						1,510											
Equipment	322										959											
Furniture	72															200						
Other																						
3. Staff Training																						
4. Materials (Reusable)	183						132				75				26							
5. Consumable supplies																						
Food																			30	19		
Other (specify)	132				41				36		916		174			23		121				
						183																
6. Contract Services (Specify)	505	126						1,866														
Medicaid Payments																						
7. Travel			40			165		120	16		198		71		53		138		72			
TOTALS	6,682	126	6,982		5,362	348	2,958	1,986	2,274		10,519		3,144		3,540	223	3,463	121	5,396	19		
GRAND TOTALS	6,808		6,982		5,710		4,944		2,274		10,519		3,144		3,763		3,584		5,415			

TOTAL CFRP EXPENDITURES IN THE CATEGORY SOCIAL SERVICES (3.0)
FOR THE PERIOD 1/16/75-3/15/75

Item	New Haven		Poughkeepsie		Pottsville		St. Petersburg		Jackson		Oklahoma City		Gering		Bismarck		Las Vegas		Salem		Modesto	
	Fund Amount	Matching Amount	Fund Amount	Matching Amount	Fund Amount	Matching Amount	Fund Amount	Matching Amount	Fund Amount	Matching Amount	Fund Amount	Matching Amount	Fund Amount	Matching Amount	Fund Amount	Matching Amount	Fund Amount	Matching Amount	Fund Amount	Matching Amount	Fund Amount	Matching Amount
1. Personnel																						
Salaries and Wages	3,960		5,134		3,187		2,812		3,354		2,475		4,173		2,269		3,841		2,124			
Fringe Benefits									687		407				133		787		236			
Consultants																						
Volunteers																						
2. Facilities																						
Space	118		202								58											
Equipment																						
Furniture																						
Other																						
3. Staff Training																						
4. Materials (Reusable)											12											
5. Consumable supplies																						
Food																						
Other (specify)				58		30		43		58	68						173					
6. Contract Services (Specify)	135							304				597		110		88						
Medicaid Payments																						
7. Travel	56		25		554				125		85		486		100		445		23			
TOTALS	4,269		5,361	58	3,741	30	2,812	347	4,166	58	3,105	597	4,659	110	2,502	88	5,246		2,388			
GRAND TOTALS	4,269		5,419		3,771		3,159		4,224		3,702		4,769		2,590		5,246		2,388			

TOTAL CFRP EXPENDITURES IN THE CATEGORY PARENT INVOLVEMENT (4.0)
FOR THE PERIOD 1/16/75- 3/15/75

Item	New Haven		Poughkeepsie		Pottsville		St. Petersburg		Anaheim		Oklahoma City		Quincy		Dubuque		Las Vegas		Salem		Manhattan	
	Local	Subcontract	Local	Subcontract	Local	Subcontract	Local	Subcontract	Local	Subcontract	Local	Subcontract	Local	Subcontract	Local	Subcontract	Local	Subcontract	Local	Subcontract	Local	Subcontract
1. Personnel																						
Salaries and Wages	2,367		2,911		650		1,649		2,826		1,382		1,911		3,030		2,967		3,030			
Fringe Benefits									576		227				107		608		135			
Consultants																						
Volunteers																						
2. Facilities																						
Rent	70		192		670						32											
Equipment											26											
Materials																						
Other																						
3. Staff Training																			65			
4. Evaluation	122										154				67							
5. Dissemination																						
Rent		190		30							137											
Other Expenses	91				52				82	75	17			18				72		34		
																				30		
6. Indirect Expense (Specify)	134	171		225								15				63						
																165						
Indirect Recovery																						
7. Travel	236			567	604				69		67				562		707		165			
TOTALS	2,850	361	3,103	1,109	1,924		1,649		3,693	75	2,072	15	1,911	18	3,766	208	4,282	72	3,595	64		
GRAND TOTALS	3,121		4,205		1,924		1,649		3,906		2,067		1,929		3,756		4,354		3,659			

TOTAL CERP EXPENDITURES IN THE CATALOGUE STATE TRADING ACTS
FOR THE PERIOD 1 [illegible]

Item	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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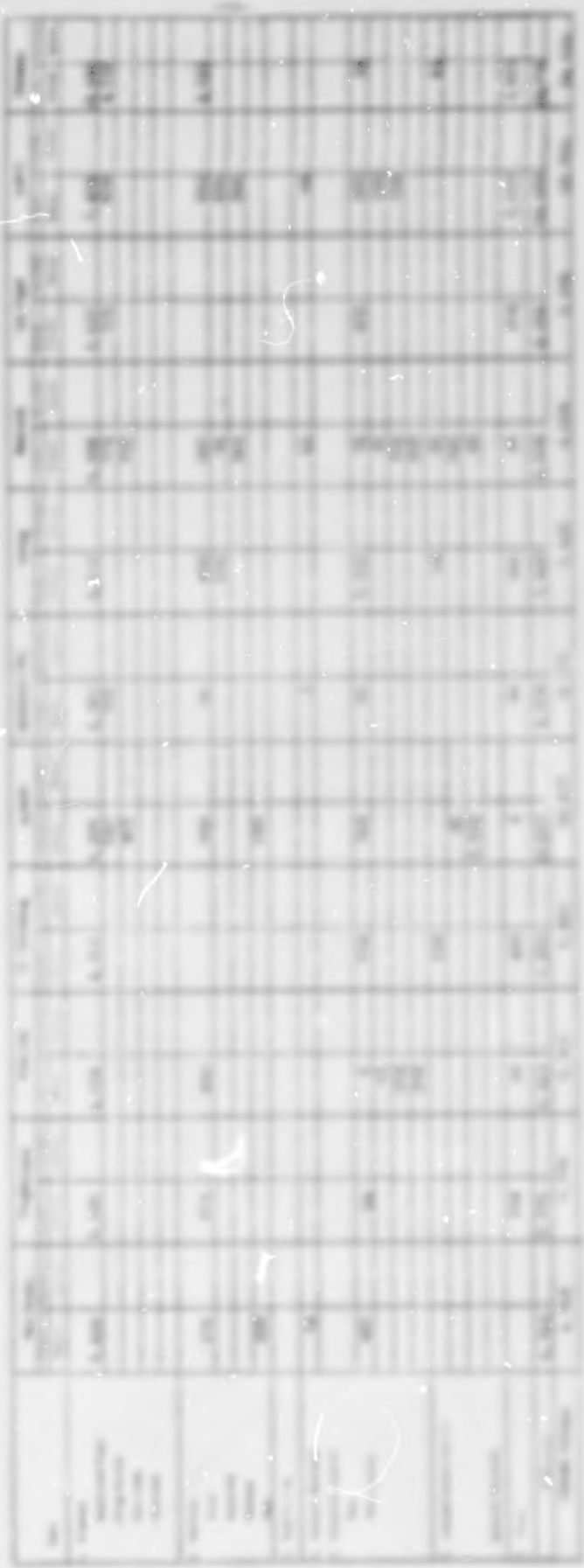

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Site	Needs Assessment -- continued	
	Personnel Involved	Procedures
VIII. Bismarck	Coordinator of Intake/Social Services (CFRP Coordinator) convenes assessment team when deemed necessary; in those cases team members include: • Advocates; • Education staff; • Health Services Specialist; • Community Agency Representatives.	CFRP Coordinator conducts initial intake assessment; CFRP Coordinator and/or Selection Team accepts family; Family Advocate assigned; Advocate explains CFRP, establishes rapport, and conducts intensive assessment of family need; Special assessment team convened at discretion of CFRP Coordinator; Advocate develops plan with parents; Advocate coordinates agency referrals; Reassessment is continuous and responsibility of Advocate.
IX. Las Vegas	Large interagency team meets quarterly to discuss general problems, procedures, etc. Representatives of this team participate as needed on individual family assessment problems. CFRP Home Visiting staff also participate.	Home Visitor assigned to family; Home Visitor orients family to CFRP; Home Visitor collects family data and makes emergency referrals if necessary; Family records screened to assure program eligibility; Home Visitor and specialist staff do initial evaluation; Needs Assessment Team (NAT) selected on basis of initial evaluation, completes assessment; Home Visitor presents assessment to family and negotiates a contract with family which lists responsibilities of both the family and CFRP staff; Home Visitor reports monthly on status of family to Social Service Specialist; Families reevaluated every three months.
X. Salem	Key Participants: All adult family members; CFRP Coordinator; Family Advocate assigned to family; Administrative Aide. Desirable Participants: Health Coordinator; Head Start teacher; Nutritionist; Mental Health Consultant; Children's Services Division Consultant. Optional Participants: Members of extended family; Elementary teacher or counselor; Ind Specialist; Others as needed.	Administrative Aide visits family, explains program and needs assessment procedures; Advocate assigned to family; Children observed in Head Start classroom or home; Advocate establishes rapport and introduces parents to CFRP Center teachers, and staff; Advocates and Administrative Aide prepare family history; Health Coordinator arranges screening for all children; Each child given developmental test; Advocate holds preassessment meeting with parents and arranges for assessment meeting; Assessment meeting held and formal contract listing responsibilities for staff and family results; Reassessment every six months.
XI. Midwest	There is a council of agencies but it doesn't meet Home Visitors make referrals independently. CFRP Coordinator; Health Coordinator; Family Service Workers.	Family Service Worker (FSW) assigned to family; FSW informally presents CFRP to family; FSW interview family to determine needs; FSW administers Denver Developmental Test; Health screening done by Health Care Center; FSW discusses needs with CFRP Coordinator, Health Coordinator, and Social Services Coordinator; FSW coordinates family referrals to appropriate agencies; Reassessment the responsibility of the FSW.
	Personnel involved in the needs assessment process in the 11 program sites are the Advocates and other selected technical CFRP staff, in a number of sites community agency representatives are also involved.	Although there are differences between the sites in emphasis and scheduling the needs assessment procedures follow the same general procedures. These procedures include: • Family recruited by or referred to CFRP; • Advocate assigned to family and eligibility determined; • Advocate collects data and establishes rapport with family; • Assessment team examines family data and develops action plan; • Family modifies and/or approves action plan and formal agreement between CFRP and family results; • Advocate coordinates implementation of plan; • Reassessment every six-twelve months.

Site	Coordination of Services	
	Responsibility	Procedures
I. New Haven	CFRP Coordinator; Advocates.	CFRP Coordinator makes formal initial contact; Advocates followup and maintain an informal, professional relationship; CFRP refers to agencies and vice-versa; Monthly meetings held with representatives of various agencies to share new ideas and services; CFRP shares their video tape equipment with agencies.
II. Poughkeepsie	RAP's.	In some cases the RAP's are considered staff members of the agency in question and handle the referral accordingly; In all other situations, the RAP makes initial contact; provides followup; and maintains personal liaison with appropriate agency personnel responsible for service delivery to families represented by the RAP.
III. Pottsville	Program Administrator; CFRP Coordinator; Component Coordinators.	Coordination originates with assessment team when a community agency representative commits agency to provide service; Family workers coordinate referrals and followup on families; Quarterly meeting of Assessment Task Force developed to review agency coordination.
IV. St. Petersburg	Head Start Director; CFRP Coordinator; Home Visitors; Nurse; Enrichment Coordinator; Mental Health Technician.	Agencies are represented on assessment team and formal procedures center around their work and associations; More personal contact maintained by Advocates with peers in agencies in course of actual referral of families.
V. Jackson	Family Development Planners; Component Coordinators; CFRP Systems Coordinator.	Written agreements between CFRP and a number of agencies detail the relationship; Coordination is the responsibility of Component Coordinators; Day-to-day relations and individual family representation conducted by FDP's.
VI. Oklahoma City	CFRP Director; Family Advocates.	Director initiates arrangements for services with all agencies; Advocates followup only after first contact made; Advocates relations with agencies at the personal and peer level.
VII. Gering	CFRP Director; Component Coordinators; Home Visitors.	Home Visitors make referrals and followup; Director and Coordinators maintain liaison with agencies; Monthly meeting of Interagency Council organized by CFRP, focus on improving coordination and cooperation; CFRP staff have been successful in becoming members of Board of Directors of some community agencies.
VIII. Bismarck	Advocates; Community Resource Specialist.	Advocates make referrals and followup; In special cases the appropriate CFRP Coordinator makes initial contact and retains responsibility for contact; Community Resource Specialist concentrates on locating private resources and explaining CFRP to entire community.
IX. Las Vegas	Education Services Administrator; CFRP Specialists; Home Visitors.	Education Services Administrator and CFRP Specialists make formal contact with agencies, on an annual basis, to renew letters of commitment and identify key contact staff; Agency representatives members of assessment team; Home Visitors make referrals, provide followup, and maintain liaison with peers on agencies' staffs.
X. Salem	CFRP Director; CFRP Coordinator; Advocates.	CFRP Director and/or Coordinator initiate contact and make formal (contracts) and informal agreements; Daily working arrangements based on peer relations; All professional staff involved in daily coordination depending on their areas of specialization and responsibility.
XI. Modesto	Federal Projects Coordinator; CFRP Coordinator; Family Service Workers.	Coordination limited; Contact made by FP Coordinator and CFRP Coordinator; Daily contact responsibility of FSW's with each developing personal contacts and procedures for referring families to agencies.
	There is variety among the program sites regarding the assignment of responsibility for the coordination of services with community agencies. In some cases the CFRP Coordinator and Advocates are responsible, at other sites they are assisted by other CFRP staff. Another combination includes the Advocates and other CFRP staff. The last approach confers the responsibility directly on the Advocates.	The procedures for coordination of services in most CFRP sites share certain common elements. These are: • CFRP Director or Component Coordinator make formal contact with senior agency personnel; or • Agency personnel participate on assessment team and formal contacts occur at that time. • Coordination agreement between CFRP and the agencies varies from formal written agreement to informal agreement specifying details of coordination. • In all cases the Advocates coordinate and followup the referrals and delivery of service. Advocate relations usually on the peer level.

Site	Components*	
	Component Focus	Services provided families either directly by CFRP staff or through referrals to other community agencies
	HEALTH	
I. New Haven	Increase availability of health resources to CFRP families.	Identification of health resources and services; Comprehensive physical and mental health services for children and eligible adults; Workshops on nutrition, food preparation and budgeting; Handicap services for children.
II. Poughkeepsie	Focus on health services for children 0-8; Teach efficacy of preventive medicine.	Comprehensive physical and mental health services for children and eligible adults; Nutritional workshops; Family planning counseling; Alcohol and drug abuse counseling; Handicap services for children.
III. Pottsville	Provide adequate comprehensive health services to CFRP families; Train parents to handle health problems independently.	Comprehensive physical and mental health services for children and eligible adults; Nutrition education; Training programs for parents; Handicap serviees for children.
IV. St. Petersburg	Assist families in identifying health needs.	Comprehensive physical and mental health services for children and eligible adults; Family counseling; Nutrition and homemaking programs; Preventive health training at CFRP center and in homes by visiting nurse; Handicap services for children.
V. Jackson	Educate families on availability and utilization of all medical services.	Comprehensive physical and mental health services for children and eligible adults; Family counseling; Nutrition education workshops; Handicap services for children.
VI. Oklahoma City	Increase parent awareness of impact of good health on child development.	Comprehensive physical and mental health services for children and eligible adults; Family planning counseling; Family counseling; Handicap services for children.
VII. Gering	Provide medical services for children 0-8; Improve health service delivery for total family.	Comprehensive physical and mental health services for children and eligible adults; Special assistance to migrant families; Alcohol and drug abuse counseling and therapy; Family planning information; Handicap services for children.
VIII. Bismarck	Provide comprehensive health services and education to families.	Comprehensive physical and mental health services for children and eligible adults; Family planning; Nutrition training; Family counseling; Handicap services for children.
IX. Las Vegas	Provide medical screening, followup, and education for children 0-18; Educate parents in better health practices.	Comprehensive physical and mental health services for children and eligible adults; Nutrition education; Family counseling; Full range of handicap services for children.
X. Salem	To meet the combined health performance standards and guidelines of Head Start and CFRP.	Comprehensive physical and mental health services for children and eligible adults; Handicap services for children; Nutrition.
XI. Modesto	Provide medical screening and followup for all CFRP children; Provide parent health education.	Physical and mental health services for total family; Nutrition education.
	The focus in the Health Component varies somewhat among the 11 CFRP sites. However, four general categories emerge: • Provide adequate comprehensive health service to CFRP families, health education & preventive medicine concepts; • Increase availability of health services for families; • Provide health education and preventive medicine concepts; or • Provide adequate comprehensive services to CFRP families.	The rather wide focus among CFRP sites is not evident in the services provided directly or indirectly to CFRP families. In general, the programs provide the following services: • Comprehensive physical and mental health services for children and eligible adults; • Nutrition; • Handicap services for children; • Family counseling.
	SOCIAL SERVICES	
I. New Haven	Define social service gaps; Determine family needs.	Emergency food, clothing, shelter; Welfare assistance; Public housing; Family counseling; Transportation; Day care services.
II. Poughkeepsie	Effect positive change in the delivery systems of social service agencies; Develop priority listing to match family needs with available services.	RAP's identified and contacted 75 social service agencies for family referral; services include: • Emergency food, clothing, and shelter; • Welfare assistance; • Public housing; • Child abuse and foster care; • Employment counseling; • Transportation; • Recreation.

Site	Components -- continued	
	Component Focus	Services to which families were directed by CFR staff or through referrals to other community agencies
III. Pottsville	Provide comprehensive service delivery system to help families fulfill their needs.	Emergency food, clothing, shelter. Public assistance. Family counseling. Employment counseling. Child abuse and foster care. Homemaking.
IV. St. Petersburg	Develop community resources available willing to help families and meet family needs.	Emergency food, clothing, and shelter. Public assistance. Transportation. Employment counseling. Consumer information. Legal aid. Recreation.
V. Jackson	Make families aware of community agencies available to help them become independent.	Emergency food, clothing, and shelter. Public assistance. Low cost housing. Employment counseling. Child care. Recreation. Craft training. Transportation.
VI. Oklahoma City	Improve coordination with existing community agencies.	Emergency food, clothing, shelter. Public assistance. Legal aid. Work services. Transportation. Employment counseling.
VII. Gering	Ensure families have access to and information on available agencies.	Emergency food, clothing, and shelter. Public assistance. Low cost housing. Employment counseling. Legal aid. Recreation. Transportation.
VIII. Bismarck	Help parents gain self-confidence and become independent in family problem solving situations.	Emergency food, clothing, and shelter. Social services. Employment counseling. Homemaker services. Low cost housing. Recreation.
IX. Las Vegas	Link families with needed community resources. Teach families how to deal with their own problems.	Emergency food, clothing, and shelter. Welfare assistance. Child abuse and foster care. Employment counseling. Low cost housing. Legal aid. Recreation.
X. Salem	Provide link between family members needs and service sources. If service not available, CFRP staff provides service or works with an agency to provide it.	Project views social services as a coordinating function. Services include: Welfare assistance. Family counseling. Legal aid. Employment counseling. Recreation. Child abuse and foster care. Transportation.
XI. Modesto	Develop action plan for families which matches needs with services without making them dependent.	Welfare assistance. Family counseling. Legal aid. Low cost housing. Transportation. Day care.
	In the Social Services Component each CFR Program concentrated on one of the three following general approaches: • Provide/improve comprehensive service delivery system to meet family needs; • Define social service gaps and provide/improve comprehensive service delivery system to meet family needs; or • Effect change in social service delivery system.	There was a great deal of similarity among all CFR Programs in the services provided. These include the following: • Emergency food, clothing, and shelter; • Welfare assistance; • Public housing; • Legal aid; • Employment counseling; • Transportation.

Site	Component Focus	Services provided directly by CDSP staff or through referrals to other community agencies
1. New Haven	Develop an early childhood education linkage system. Train parents to support education process.	• Head Start • Infant-Toddler • Adult education • Child care linkages • Parent education
2. Poughkeepsie	Provide and/or supplement appropriate educational opportunities to CDSP children and families.	• Head Start • Infant-Toddler • Vocational training • Adult education • Training elementary school children • Preschool-school linkage program
3. Paterson	Support parents as principal educators of their children. Provide parents with child rearing information.	• Head Start • Day Care • Expanding child production plan • Infant-Toddler • Opportunity credit for student volunteers in early childhood programs • Video visits and exchanges to home parents
4. No. Paterson	Provide Infant-Toddler and Head Start learning experiences. Assist parents to become prime educators of their family.	• Head Start • Infant-Toddler • Training for children 0-17 • Video visits • Educational testing • Adult education
5. Jackson	Help families with needs in education to grow and develop. Strengthen family ability to educate children.	• Head Start • Infant-Toddler • Day care, EC + 14 years • Vocational training • Adult education • Educational testing & counseling
6. Oklahoma City	Educate parents to principles of child development. Facilitate application of principles in the home environment.	• Head Start • Infant-Toddler • Parent meetings • Home visits
7. Irving	Create parent awareness of needs for infant-toddler stimulation. Educate parents to become prime educators of children.	• Head Start • Infant-Toddler • Day care • Adult education • Parent meetings on child development
8. Piedmont	Encourage family involvement in educational development of children.	• Head Start • Infant-Toddler • Day care • Adult education • Parent and child testing • Home based training for parents and children
9. Las Vegas	Assist parents to become prime educators of their children. Individualize educational programs for children 0-5.	• Head Start • Parent meetings and home visits • Infant-Toddler • Special behavioral change counseling for parents
10. Salem	Provide full range of early childhood education programs. Provide modified Home Start approach to develop parent teaching competencies.	• Head Start • Infant-Toddler • Home visits • Fly wall environment • Adult education
11. Hialeah	Provide developmental programs for each individual child. Provide bilingual assistance to early ish and during elementary grades.	• Head Start • Infant care • Typical kindergarten • Adult education • Bilingual programs for children • English as a second language training to adults
	In the Behavioral Components, the 11 CDSP sites implement eight distinct, although related, approaches to parent programming that these categories. These include: • Assist parents to become prime educators of their children. • Assist parents to become prime educators of their children and provide full range of developmental early childhood educational opportunities. • Provide full range of developmental early childhood educational opportunities.	Each site has also implemented activities not programs regarding the actual services provided by the components. These services include: • Head Start • Infant-Toddler • Five Level training for children and parents • Day care • Adult education and home visit training
1. New Haven	Promote parent participation as integral part of CDSP.	Participate in Policy Council and other CDSP staff Parent as employee Serve as classroom aides Participate in program planning
2. Poughkeepsie	Involve parents in classroom activities. Have parent participate in program decisions.	• Head Start • Infant-Toddler • Family visiting • Day Nursery • Pre-K Council
3. Paterson	Encourage and have parents actively involved in CDSP.	Parent meetings with Policy Council members Membership on Policy Council Parent-teacher conferences Training programs for parents
4. No. Paterson	Use the total family as a thing for problem change.	Parent participation activities Resources, services as response to parent inquiries Counseling Membership on Policy Council
5. Jackson	Strengthen parent participation to improve family confidence and participation.	• Volunteers in Head Start • Training opportunities for staff • Participation • Participation on Policy Committees • Visit by delegation with other programs activities
6. Oklahoma City	Improve quality of family child rearing practices.	• Participation in child rearing practices • Improvements in home climate • Recreation • Food activities • Parent meetings
7. Irving	Develop leadership ability in parents.	Representative on Policy Council Participate in a number of family & home related activities
8. Piedmont	Assist families to better function in principle-child relationships.	Parenting skills workshops Games and play-based parent activities with children CDSP parent recruitment activities Family fun nights Father-son activities
9. Las Vegas	To specific parent involvement components. Responsibilities and activities for this activity are interspersed among the other three components.	

PART FOUR: RECOMMENDATIONS FOR DEMONSTRATION PROGRAMS

I. INTRODUCTION

Task 2-e specifies that OICD be provided with recommendations for improving the planning of future demonstration programs. The basis for these recommendations was to be the information gained in the course of the CPDP Formative Evaluation as well as interviews with national and regional OICD representatives.

It should be noted that while using CPDP as the basis for the recommendations has been extremely useful, it was not without limitations. The limiting factor in this case is that each OICD demonstration program has certain idiosyncratic characteristics that make it distinct from others. In attempting to develop a general set of recommendations for future OICD demonstration programs based on experience in carrying out one demonstration, care must be exercised to avoid over reliance on the specific set of experiences. As a result, the recommendations may appear to the reader to consist of items that are broad enough to span the variety of OICD contexts. Whether this refining process should be accomplished by OICD personnel or by outside advisors in the processe of the decision-makers within OICD. [illegible] This part of the final report is presented in two sections:

- Rationale for the recommendations; and
- Recommendations for future OICD demonstration programs.

II. RATIONALE FOR THE RECOMMENDATIONS

Most of the information that was used in developing the recommendations was obtained from data sources and data collection instruments that were discussed in Part One of this report. [A complete explanation of the program process data collection instruments and procedures may be found in Part One, Section III, Analysis of Program Process.] The responses to these interviews form the basis for most of the recommendations. The remainder of this section will discuss the various issues raised by this process that are relevant to the task of developing [illegible] for planning demonstration programs.

In early 1972, Dr. Edward Zeigler and his associates were responsible for the initial conceptualization of CPDP. Dr. Zeigler initiated the processes and provided the leadership and direction in developing the basic dimensions of the program.

Briefly, the principle factors considered by OICD at this early stage in program development included plans for local programs with centers located in a number of

[illegible]

Recommendation Four: Coordinate with Regional Offices

Consider Regional Office participation during the technical planning process and later during the time the demonstration grant is being implemented. Their knowledge of actual administrative and program conditions at the local levels should be made available to the planners for their consideration along with the technical aspects of the demonstration. In addition, the Regional staffs include a variety of well trained, highly qualified and experienced child development specialists who form a good source of talent/expertise. When these skills correspond to the planning needs, they should be utilized accordingly.